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Montana State-Level Public Health Preparedness And Response Capacity Inventory

Montana Department of Public Health and Human Services

August, 2003

Robert W. Moon, MPH
Northwest Health Partners, LLC
(406) 457-0938
nwhealthpartners@msn.com

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Table of Contents

Executive Summary

- Introduction 2
- Methods 3

Results & Recommendations

- Focus Area A: Prepared Planning and Readiness Assessment 4
- Focus Area B: Surveillance and Epidemiology Capacity 11
- Focus Area C: Laboratory Capacity 14
- Focus Area E: Health Alert Network (HAN) 17
- Focus Area F: Risk Communication and Health Information Dissemination ... 20
- Focus Area G: Education and Training 22
- Demographic Information 24

Appendix A

- Completed Assessment Instrument 28

Montana State-Level Public Health Preparedness And Response Capacity Inventory August, 2003

Executive Summary

Introduction

The Montana Department of Public Health and Human Services (DPHHS) contracted the services of Northwest Health Partners, LLC to conduct an assessment of Montana's state health agency emergency preparedness and response capacities. The Public Health Preparedness and Response Capacity Inventory developed by the Centers for Disease Control and Prevention was the tool used to assess progress toward meeting preparedness benchmarks and critical capacities necessary to respond to bioterrorism, outbreaks of infectious diseases, and other public health threats and emergencies. During April/May 2003, teams of state health agency staff were selected by focus area and subject matter expertise and were interviewed to provide their perceptions.

Given the scope and complexity of the assessment, it is important to understand how to interpret these results. The results represent a self-assessment at a particular point-in-time (April/May, 2003). The assessment provides the state with the opportunity to:

1) Evaluate the gaps in key public health preparedness and response capacities
2) Prioritize the order in which the state will begin to address those gaps
3) Determine the steps necessary to further enhance the public health system
4) Establish a baseline against which to measure progress in developing preparedness and response capacities
5) Review the strengths of the public health system.

Montana's Public Health Emergency Preparedness & Response Program is in the early stages of development and many facets of the program are just beginning to be formalized. Therefore, the expectation of having written plans, agreements and protocols in place and exercised with participation by all vital partners, is unrealistic. While many capacities were deemed by state staff to be "in progress," the activities required to fully meet the benchmarks described in the Capacity Inventory are in many cases more accurately described as being "in the early stages of development." A great deal of discussion and negotiation will need to occur to create a "system" of public health preparedness. To effectively respond in an emergency, informal communications and relationships must be transformed into written plans, protocols and agreements among public health system and response partners and even among the internal DPHHS focus areas, programs and bureaus.

Methods

The Public Health Preparedness and Response Capacity Inventory, Version 1.1, December 2002 is a voluntary rapid self-assessment. This inventory was created in part from the US Department of Justice Public Health Performance Assessment for Emergency Preparedness, National Public Health Performance Standards assessment instruments, CDC Bioterrorism Core Capacity Project, Council of State and Territorial Epidemiologists capacity assessment tool, and selected state specific assessment instruments.

Since the response to this tool in 2003 can serve as a baseline for future assessments, this process deliberately focused on providing some narrative and information that supports the assessment, rather than merely a checklist of critical capacities in a yes/no fashion. Most questions instructed respondents to "check only one" response. Some questions instructed the respondents to use a multi-answer matrix and provide an "all that apply" response. A blank box approached questions with a base statement followed by a series of bulleted items as though each bulleted item required a yes/no response where a "no" response is designated. A copy of the completed Capacity Inventory is provided as Appendix A.

The state of Montana recently contracted with the University of Washington School of Public Health to analyze results of an adapted inventory from CDC for assessment of local public health preparedness. The final report is entitled "*An Assessment of Montana's Capacity to Respond to a Public Health Emergency: Statewide Report*" and reflects a statewide assessment of local jurisdictions' public health emergency response capacities. This state report will utilize selected findings from the local study to emphasize a state view, contrasted with local information.

Results and Recommendations

Focus Area A: Prepared Planning and Readiness Assessment

Critical Capacity IA: to establish a process for strategic leadership, direction, coordination, and assessment of activities to ensure state and local readiness, interagency collaboration, and preparedness for bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies.

Summary of State Response: The Capacity Inventory includes questions that assess overall state health planning activities, as well as strategic planning for public health emergency preparedness. The idea is that state health planning efforts can serve as a foundation upon which to build categorical planning efforts, such as emergency preparedness planning. To some degree, data has been utilized to identify and prioritize the state's health problems and gaps in public health services. However, an overall state health planning initiative and an actual plan to "improve health" does not exist.

In terms of emergency preparedness, the major stakeholders have been identified and are engaged in planning activities led by DPHHS. The agency leadership updates high-level policy makers, including an interim legislative committee appointed by the Governor, on the status of public health preparedness activities being undertaken with the CDC and HRSA grants.

There is no formal evaluation process for the Public Health Emergency Preparedness & Response Program to determine effectiveness of action steps or recommend program changes. Evaluation, at this point, consists of reports and grant submissions to the funding source, rather than periodic review to determine the effectiveness of the program.

Strengths:

- The state health agency has designated a public health emergency preparedness and response executive director and a coordinator.
- Planning in emergency preparedness is being conducted with the state health agency and a variety of critical partners through a formal advisory council.
- The Northwest Center for Public Health Practice at the University of Washington School of Public Health has instituted a public health leadership institute annually.

Actions to Consider:

- Engage in core statewide public health planning activities, providing a foundation on which to build categorical planning efforts. This should include development and regular updating of a plan to "improve public health."
- Create a system to better utilize and share the sources of data and information available to monitor health status and identify health problems in the state.
- Continue to expand and strengthen the partnerships and organizations involved in the public health emergency preparedness planning effort. Commit adequate

time, effort, resources and personnel to the state's public health emergency preparedness and planning process.
- Participate in developing a "strategic plan" for emergency preparedness and response system development, in coordination with DES/ODP (as opposed to a response plan).
- Develop and implement an overall evaluation system for the Public Health Emergency Preparedness & Response Program.
- Create an overall training plan addressing needs and resources for core public health and emergency preparedness skill development.
- Encourage state health agency leadership to attend public health leadership trainings at all levels.

Critical Capacity IB: to conduct integrated assessments of public health system capacities related to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies to aid and improve planning, coordination, and implementation.

Critical Capacity IIA: to respond to emergencies caused by bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies through the development and exercise of a comprehensive public health emergency preparedness and response plan.

Critical Capacity IIB: to ensure that state, local, and regional preparedness for and response to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies are effectively coordinated with federal response assets.

Summary of State Response: The state has completed assessments of state and local public health, hospital and laboratory emergency preparedness capacities. State statutes and administrative rule are being assessed to determine if state emergency health powers exist to support public health emergency preparedness and response.

The Division of Disaster and Emergency Services (DES), Department of Military Affairs, has an overall Emergency Coordination Plan (EOP) that links with issue-specific annexes that delineate the responsibilities of the major state agencies in an emergency event. DPHHS has a compiled a health/medical annex to the DES EOP that is in the early stages of development. Local health departments have completed initial drafts of parallel health/medical annexes to their local DES plans.

The Capacity Inventory provides a checklist of suggested components that could be included in the DPHHS health/medical annex to the DES EOP. This checklist should be reviewed to assure the DPHHS annex is as complete and comprehensive as possible in its final form. In addition to those elements that are currently included in the DPHHS annex, decontamination of mass casualties is addressed in the DES EOP through linkages to leverage federal resources. Personal protective equipment for biological, chemical and

radiologic agents are somewhat dependent on developing industry standards to ensure more universal usage. The protection and recovery of the environment is a responsibility of the Department of Environmental Quality. The management of donations and the designation of shelters is a joint collaboration between DES, Red Cross and the state health agency. Public health and medical coordination needs a great deal of attention to assure effective collaboration of state and local preparedness assets. Efforts are underway to address verification of provisional credentials and professional liability coverage for out-of-state clinicians to expedite availability during the delivery of public health services.

A field operations manual is not fully in place in terms of updates and addressing links with the Emergency Operations Center (EOC). The field operations manual needs to be further developed and updated periodically and should summarize critical procedures and contact information.

Electronic and paper directories of agency personnel and emergency response partners are available and several call-down systems are currently in place. However, the state health agency has not been diligent in testing its ability to reach its own personnel and key external partners in an emergency.

Regional planning for public health emergency response is in the early stages of development. Emergency medical/trauma service regions (3) are in place and function through hospitals and emergency medical service units. Currently, there are public health service regions in place for a variety of categorical programs, however, there are many configurations being used and no consensus as to which are workable for public health service delivery. Public health emergency preparedness planning regions (5) have been identified and regional planning activities are just beginning. EMS/trauma and public health emergency preparedness regions do not align. Regionalization in any form denotes change and there is considerable resistance to the idea, especially when monetary and economic issues cross local jurisdictional borders.

Hospital readiness for emergency response is in the early stages of development. The hospitals have been surveyed and assessed for emergency readiness. HRSA, CDC, and Indian Health Service have collaborated in this effort. Surge capacity of hospitals and other medical facilities need to address the possibility of a multiple increase in their identified maximum capacity to handle emergencies.

Strengths:

- The agency's planning for emergency preparedness has included the local and state public health system, laboratory and hospital assessments, as well as a review of the legal infrastructure for emergency response.
- The DPHHS has a draft public health emergency preparedness and response plan (health/medical annex to the state EOP) and field operations manual that link with the DES. The Emergency Response Coordinator, in coordination with the Emergency Operations Center, has facilitated activation of the public health emergency preparedness and response plan.

- The DPHHS has participated in limited tabletop and functional exercises (earthquake, anthrax) and additional exercises are planned in coordination with critical partners.
- Local and regional public health emergency preparedness and response planning activities are underway.
- The EMS service regions are functional and operating, in collaboration with the hospitals.

Actions to Consider:

- Continue to assess and strengthen the state's legal infrastructure to respond to public health emergencies and threats.
- Further develop, refine and exercise the public health emergency preparedness and response plan (health/medical annex to state EOP) and the field operations manual. Consider making it as comprehensive as possible by reviewing suggested plan elements in the Capacity Inventory.
- Explore public health planning regions designed to increase capacity for public health emergency response. The regional planning process should be discussed openly and coordinated with local jurisdictions.
- Ensure and formalize in writing, the coordination of the state's public health emergency response with Disaster and Emergency Services and the Department of Environmental Quality.
- Establish a system to ensure regular updating and testing of electronic and paper directories of agency personnel and emergency response partners, preferably meeting IT standards. Consider integration of call-down systems or development of an on-call structure to ensure a timely and appropriate response by the DPHHS.
- Plan and coordinate unannounced drills and exercises for critical first responders and incident command at the state level.
- Assure hospital and medical surge capacity is addressed in local and regional planning and coordinated with HRSA guidelines.
- Clarify roles and responsibilities regarding triage of victims, decontamination of mass casualties, isolation within a health facility, and infection control measures.
- Provide a plan to address the response to mass mortuary needs.
- Develop recommendations for personal protective equipment for state and local emergency responders.
- Continue to provide additional emergency management training opportunities for state response staff.
- Develop state policies with the Red Cross and DES for management of donations and designation of shelters.

Critical Capacity IIIA: to effectively manage the CDC Strategic National Stockpile (SNS), should it be deployed – translating SNS plans into firm preparations, periodic testing of SNS preparedness, and periodic training for entities and individuals that are part of SNS preparedness. To ensure the availability and rapid deployment of life-saving pharmaceuticals, antidotes, other medical supplies, and equipment necessary to counter the effects of nerve agents, biological pathogens, and chemical agents; readiness for

immediate deployment to any location in the event of a terrorist attack using a biological toxin or chemical agent directed against a civilian population.

Summary of State Response: The management of the Strategic National Stockpile is generally "in place" and tied into the DPHHS health/medical annex and the DES EOP. The US Inspector General, based in Atlanta, GA, has conducted two site visits to assess Montana's preparedness for the Strategic National Stockpile, with a local assessment in Lewis and Clark, as well as Yellowstone Counties (March 2002, January 2003). Reports are on file with the SNS Coordinator. Overall, Montana scored higher than the sample average in all functional areas. The state health agency is working closely with the local jurisdictions to develop local SNS plans and create an infrastructure to manage the SNS assets. The local emergency preparedness plans are in the early stages of developing a plan to integrate federal responses. If the local plans actively address the federal SNS response, the state response system will be enhanced considerably. However, most of the local plans will be dependent on the assets made available in the region or local area. The SNS distribution system is in the early stage of development.

Strengths:

- The DPHHS has hired an SNS coordinator.
- Gubernatorial powers for the SNS are agreed upon and available.
- State/local SNS management infrastructure relies heavily on local jurisdictions to assure critical components are in place.
- Decision makers have adopted an SNS preparedness strategy that will attempt to give all citizens equal access to SNS assets.
- Airport and ground transport for initial SNS delivery has been secured.
- The distribution system for SNS once received from the federal government is mostly in place, except the designation of drivers.
- A contact list for SNS is available and updated for all key members of overall SNS response team.

Actions to consider:

- Describe the roles and responsibilities of SNS partners through formal written agreements to support critical functions.
- Review local plans to assure dispensing of the SNS is being addressed as a local responsibility, in coordination with the state plan.
- In collaboration with the public information officer and risk communications staff, develop a communication plan that supports the dispensing and stockpiling function of SNS and that readies the populace for the SNS critical functions.
- Create formal commitments by written agreements to provide the effective execution at both the state and local levels for SNS.
- Ensure the time and effort is being given to planning for communication, dispensing and treatment at both the state and local levels to ensure a coordinated network of emergency response.
- Assure a reliable 24/7 single point of coverage for the SNS team to assure critical core functions can be deployed.

- Plan, implement, and evaluate training and exercises to meet SNS preparedness objectives.
- Orient drivers in the distribution process of SNS with assigned delivery sites/routes, controlled substance protocol orientation, and orientation to SNS invoicing and other record keeping.

Smallpox Vaccination Preparedness Checklist: To ensure the availability and rapid deployment of life-saving pharmaceuticals, antidotes, other medical supplies, and equipment necessary to counter the effects of smallpox; readiness for immediate deployment to any Montana location in the event of a terrorist attack using the smallpox agent directed at a civilian population.

Summary of State Response: The State of Montana contracts for the storage, reconstitution and distribution of public health vaccines statewide. The new state pre- and post-event smallpox plans address mass vaccinations and include procedures to deal with a diverse mix of populations, including correctional, institutionalized, and other special groups. A state public health team has provided training with local public health practitioners statewide to administer the smallpox (SP) vaccine. The State of Montana Highway Patrol has verbally agreed to provide a critical distribution link, but a formal, written agreement is encouraged. The state central storage and distribution site is contracted and meets specific criteria for storage, distribution, security, and communication. CDC guidelines for isolation of SP infected, high-risk individuals have been adapted for use in the State of Montana. A communication plan has been developed by the state health agency to address who should be vaccinated and where to go to receive a SP vaccination should an event occur.

Strengths:

- The State of Montana utilized a designated contractor for the distribution of public health vaccines.
- The post-even state plan for SP vaccination addresses mass vaccinations for a diverse mix of populations, including correctional, institutionalized, and other special groups.
- A state public health team has provided training with local public health practitioners statewide to administer the SP vaccine.

Actions to Consider:

- Coordinate with local vaccination sites to ensure basic functions, such as refrigeration, space, information, and security are addressed and in place.
- Ensure local jurisdictions understand the responsibility for the operation of local smallpox sites and assurance of site readiness.

- Identify and train personnel needed to carry out the non-vaccine administrative functions at the vaccination sites. These functions should be included in local and state emergency preparedness plans.
- Assure inclusion of the smallpox vaccination strategy into the public health emergency response plan.
- Develop a communication plan indicating who should be vaccinated and where to go to receive an SP vaccination. The state health agency's overall risk communications plan will include this information.
- Prepare a 24/7 Vaccine Immune Globulin (VIG) consultation team for release and distribution of VIG to treating physicians in coordination with CDC.
- Develop drills and functional exercises to test the distribution site for SP vaccines.

- Obtain copies of pre-prepared medical management information for agents on the critical agents list.

Focus Area B: Surveillance and Epidemiology Capacity

Critical Capacity IA: to rapidly detect a terrorist event through a highly functioning, mandatory reportable disease surveillance system, as evidenced by ongoing timely and complete reporting by providers and laboratories in a jurisdiction, especially of illnesses and conditions possibly resulting from bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.

Summary of State Response: Most state laws and administrative rules governing reports for notifiable conditions are in place, with the exception of the maximum time frames for notification. Although the state does not presently have a toll free number for notifiable conditions, a fax number to report notifiable conditions is toll free at (800) 616-7460. Additionally, the state maintains a call down system for 24/7 coverage to receive reports at (406) 444-0273. The state health agency provides an informal assessment of the state surveillance system in coordination with local health departments. The state surveillance system collects and stores data in an electronic database for most common diseases. The Montana Department of Environmental Quality participates in a system that collects and stores data on hazardous substances and hazardous chemical exposures. The potential to expand reporting sources will most likely be performed at the local level, facilitated by new funding sources and contract requirements. Active surveillance during an emergency will require a written plan, although the present system has the capacity to perform this function informally.

Strengths:

- The state of Montana has state laws and administrative rules that govern reports for notifiable conditions.
- Local health departments have the capacity to assess local surveillance systems for notifiable conditions, in terms of completeness, timeliness, validity, and other sensitive elements.
- Surveillance information for flu, invasive bacterial diseases, vaccine preventable diseases, vector borne diseases, food borne diseases, waterborne diseases, and Category A list agents or bioterrorism is collected, analyzed, and reported.
- An appropriately trained, full-time epidemiologist is employed by the State of Montana and meets the Centers for Disease Control and Prevention quota for 75 – 100% coverage based on the Metropolitan Statistical Areas (MSA) formula.

Actions to Consider:

- Explore the feasibility of enhancing surveillance capacity by expanding reporting sources beyond those typically used, to include timely data from 911 dispatch, EMS runs, emergency department admissions, veterinarian/animal control, etc.
- Determine the critical measures of performance for the state surveillance system and test/evaluate the system's effectiveness periodically.
- Address the need for maximum time frames for notification of reportable conditions in state statute.

- Develop a written plan to address the capacity to institute active surveillance during an emergency for notifiable diseases, categories A list agents, and event related injuries.
- Explore the possibility of a toll free phone number and on-call personnel to receive reports of immediately notifiable conditions 24/7.
- Institute methods for secure electronic reporting of notifiable disease conditions.
- Expand reporting sources for notifiable disease conditions in coordination with local jurisdictions.

Critical Capacity IIA and IIB: to rapidly and effectively investigate and respond to a potential terrorist event as evidenced by a comprehensive and exercised epidemiologic response plan that addresses surge capacity, delivery of mass prophylaxis and immunizations, and pre-event development of specific epidemiologic investigation and response needs; to rapidly and effectively investigate and respond to a potential terrorist event, as evidenced by ongoing effective state and local response to naturally occurring individual cases of urgent public health importance, outbreaks of disease, and emergency public health interventions such as emergency chemo prophylaxis or immunization activities.

Summary of State Response: The epidemiology response coordinator is a shared team responsibility, rather than a designation of a specified individual. The epidemiology response plan for the state is in the early stages of development and has been minimally measured for function. Written protocols and plans, accompanied by training and technical assistance, will help ensure an understanding and coordination of surveillance system use in emergency preparedness and early response. The system is dependent on a coordinated response from the local and state level in all cases. An epidemiologic response team has been tested by infectious disease outbreaks, yet needs more learning experiences with on-site field investigations, rapid needs assessments, exposure assessments, and response activities. Montana has epidemiologists, registered sanitarians, and a veterinarian, with access to other personnel needed for 24/7 prolonged emergency response. A short-term plan is being developed to address the risk and vulnerability assessments for food, water, and air. A written plan is in progress to accommodate surge capacity for epidemiologic investigation. The animal health community is engaged with the state health agency on a variety of activities, such as training and disease investigations.

Strengths:

- At least one epidemologic response team is available for deployment 24 hours per day/7 days per week.
- The state health agency has experience in leading and conducting epidemiologic investigations, including analyzing and interpreting data and design of epidemiologic studies, in coordination with local health departments and health providers.
- The state health agency has epidemiologists, environmental health workers, registered sanitarians, and a veterinarian employed.

- A strong relationship presently exists between the agency's epidemiologic team and the animal health community.

Actions to Consider:

- Develop and test a written plan with protocols for epidemiologic response.
- Develop a written plan to address the accommodation of surge capacity for epidemiologic investigations (food, water, air).
- Plan and conduct training for on-site field investigations, rapid needs assessments, exposure assessments and response activities in coordination of the epidemiologic response team.
- Develop written agreements to insure the availability and access to health physicists, toxicologists, occupational health specialists, etc., for prolonged emergency response.
- Provide a long-term plan for risk and vulnerability assessments, conducted by agency epidemiologists in collaboration with other state and federal agencies.
- Engage the animal health community systematically in all aspects of emergency preparedness and response planning.
- Assure local jurisdictions use similar forms for disease investigations.

Focus Area C: Laboratory Capacity

Critical Capacity A: to develop and implement a statewide program to provide rapid and effective laboratory services in support of the response to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.

Summary of State Response: Laboratory capacity in Montana is being enhanced by structural and equipment installation. A concerted effort is being made by the state laboratory staff to involve local public health department staff in negotiations and trainings during local community site visits. Although the laboratory training tends to be technical in nature and targets laboratory personnel, a more concerted effort to help the emergency preparedness and response community to understand the value and capacity of the state laboratory is recommended. Laboratory testing for non-biological agents used in weapons of mass destruction and terrorism are not being addressed. However, the new guidelines for non-biological agents will soon be available and the state laboratory plans to address these agents in the next fiscal cycle. A staffing plan that provides adequate coverage in emergencies is in progress, in consideration of state policies on compensatory time and limited resources.

Strengths:

- The state public health agency assures the provision of public health lab services routinely and is preparing for public health emergencies.
- An integrated system of public health laboratory, hospital and independent labs is being established to serve the state's population at acceptable levels of quality and timeliness.
- The state lab does have a designated training coordinator, who collaborates with existing lab networks, to provide timely trainings.
- The state laboratory is aware of the need for and will be developing formal, written, internal protocols to provide an understanding of roles and functions in case of public health threats and/or emergencies.
- The state lab staff work with Level A, B/C labs via state associations, such as The Montana Clinical Laboratory (MCLS), National Laboratory Training Network (NLTN), and uses other means of communication to promote relationships in the laboratory response network.
- The state laboratory is being enhanced by structural and equipment installation to perform public health emergency and early response laboratory functions.
- The state health agency maintains current contact information for Montana laboratories that includes information about their biological testing capabilities for select agents.

Actions to Consider:

- Formalize a system for electronic tracking and transportation of specimens/samples to meet lab expectations for handling, timeliness, packaging, and accommodating specialized chemical and radiological samples.
- Provide a staffing plan in writing to provide adequate coverage in emergencies.

- Consider designation of staff to manage the development of interoperable information systems between the state lab, state program areas, and level A labs.
- Explore the planned surge capacity for biological agents through formal agreements with labs to perform molecular typing of organisms for epidemiology, test for usual pathogens under Biosafety Level 3 conditions, and use molecular methods for direct detection of unusual pathogens.
- Explore arranged testing for non-biological agents used in weapons of mass destruction and terrorism.
- Enhance collaboration with other state agencies with laboratory capacity by defining roles and responsibilities.

Critical Capacity B: As a member of the Laboratory Response Network (LRN), ensure adequate and secure laboratory facilities, reagents, and equipment to rapidly detect and correctly identify biological agents likely to be used in a bioterrorist incident.

Summary of State Response Certified biological safety cabinets are available in the state lab and are being installed throughout the state in local Level A laboratories. Staff in the state lab is presently being fitted for and trained to use personal protective equipment (respiratory filters and protective suits). The state laboratory is interested in proficiency testing at the state and local levels, noting a willingness to participate in periodic exercises to test public health system readiness and lab capacity to test Category A list agents. Lab security guidelines will be addressed to comply with the guidelines as set forth in the CDC-NIH publication for biosafety.

Strengths:

- New installation of lab equipment and supplies allows for the detection and identification of possible bioterrorism agents that are typically food and water borne.
- Public health staff is able to access LIMS data and perform ad hoc inquiries, such as TB, AIDS/HIV, and newborn testing results.
- The current transportation system for specimens and samples does meet lab expectations for handling and timeliness, and complies with packaging and shipping regulations on infectious substances and dangerous goods.

Actions to Consider:

- Provide lab security that is consistent, at a minimum, with guidelines set forth in Appendix F for the CDC-NIH publication, "Biosafety in Microbiological and Biomedical Laboratories."
- Assess the feasibility of upgrading the lab to test non-biological agents used in conjunction with weapons of mass destruction and terrorism.
- Provide a safe environment for state laboratory staff with adequate safety precautions, qualified personnel, proficiency testing, specimen triage/retention, security, and adequate inventories of equipment, reagents, and supplies.

- Explore the feasibility of an electronic reporting system for laboratories and other public health programs and clients, consistent with guidelines on security and exchange of data outlined in the public health IT Functions and Specifications.
- Perform drills and exercises to ascertain levels of exposures/risks and assure handling, packaging, and delivery of the materials conform to recommendations.

Focus Area E: Health Alert Network (HAN)

Critical Capacity A: to ensure effective communications connectivity among public health departments, healthcare organizations, law enforcement organizations, public officials, and others as evidenced by: a) continuous, high speed connectivity to the Internet; b) routine use of e-mail for notification of alerts and other critical communication; and c) a directory of public health participants (including primary clinical personnel), their roles, and contact information covering all jurisdictions.

Summary of State Response: The state health agency has made a concerted effort to equip local health departments and the state system with the installation of computers and training to operate a health alert network (HAN). SummitNet is the system being used by most local jurisdictions. SummitNet is a traditional Wide Area Network consisting largely of frame-relay and Internet connectivity, managed by the Montana Department of Administration. SummitNet offers secure statewide e-mail capability to all users including routine virus scanning of all email traffic and placed restrictions of the electronic transfer of executable files. The means to transmit health alerts is available in the state system and most local public health jurisdictions can receive data and information, with 75 – 90% coverage. Health alert protocols are in the early stage of development. General, system-wide upgrades and consistent vigilance have detected vulnerabilities, which have been self-corrected. The health alert system has not been tested in an emergency situation or a simulated exercise. An up-to-date directory of health alert contact information is in progress.

Strengths:

- The state agency has the minimum capacity to operate a formal health alert system and redundant mechanisms for communication.
- Written protocols for receipt and dissemination of health alert messages and a schedule to test the system annually are being developed.
- The state agency is developing a system to operate 24/7, send and receive health alerts within one hour after approval.
- The health alert roles and responsibilities of the public health agency and partner organizations are beginning to be described in formalized, written agreements.
- The agency has high-speed Internet connection on agency computers.
- All agency employees have access to computers and other technology to perform applicable job duties.

Actions to Consider:

- Complete written protocols for the operation of the Health Alert Network.
- Provide training on emergency preparedness to identify and utilize existing information sources in an emergency situation, utilizing a web-based system.
- Create and formalize a system to periodically test the health alert system's effectiveness in reaching its intended audience.
- Determine the need for a public health emergency message to be acknowledged by the recipient in the health alert system.

- Create a written protocol for selecting messaging technologies that will be utilized in a variety of situations.
- Conduct independent security audits of local workstations and servers to assure, at a minimum, that update virus detection software is available.
- Assure all local jurisdictions join the SummitNet WAN.

Critical Capacity B: to ensure a method of emergency communication for participants in public health emergency response that is fully redundant with e-mail.

Summary of State Response: The communication technologies available to the agency are limited to email variations, fax, phone features (bridge, cell, conference) and two-way, high frequency radios. The Information Services Division (ISD) of the MT Department of Administration provides data entry, network management, server application management, Website development, security and database management, and Information Technology (IT). The state health agency has access to other features, such as GIS, standard data vocabularies, and internal customer support.

Strengths:

- The state health agency has the services of the ISD in Montana's Department of Administration to support the information technology.
- The agency has redundant mechanisms for communication including computer fax capabilities and devices with text messaging or wireless email.

Actions to Consider:

- Create and formalize the agency's training for each type of communications equipment that supports emergency preparedness.
- Explore the feasibility of other communications technology, with written protocols for security that support public health preparedness.
- Develop a written agreement for the agency's training plan to assure assessment of state health agency staff training needs and provide training related to information technology.
- Create a written agreement with ISD to ensure IT expertise is prioritized in emergency conditions.

Critical Capacities C and D: to ensure the ongoing protection of critical data and information systems and capabilities for continuity of operations; to ensure secure electronic exchange of clinical, laboratory, environmental, and other public health information in standard formats between the computer systems of public health partners. Achieve these capacities according to the relevant IT Functions and Specifications.

Summary of State Response: The state health agency IT support is consistent with the Public Health Information Technology (IT) Functions and Specifications for most key functions with a few exceptions. The exceptions are manual data entry for clinical data for event detection, and IT security and critical infrastructure protection. Some programs in the state and local public health system have transitioned to electronic data and messaging systems. The state health agency has a secure electronic link that meets the

IT Functions and Specifications with local public health agencies. This enables exchange of confidential information. In addition, it has determined with which partners it needs secure electronic links, but has not yet set a timeline to accomplish this. A written plan for an up-to-date directory of health alert network partners will address maintaining and updating this information, who is responsible, how the directory will be distributed, and to whom health alerts will be sent. The health alert information is minimally available and informal on the Health Policy and Services Division Website. The Department of Public Health and Human Services link on the State of Montana website is able to be fairly responsive in an emergency.

Strengths:

- The state health agency has a public Website that can be updated frequently and contains information on hazards, risks, and preventive measures.
- The electronic security system for the state's electronic data and messaging is supported by the Montana Department of Administration's ISD.
- The agency maintains a directory of contact information for health alert network partners and public health agency personnel.

Actions to Consider:

- Assure the state health agency's information technology supports all key functions consistent with the Public Health Information Technology (IT) Functions and Specifications.
- Designate an individual to develop protocols for web site maintenance.
- Designate an individual to develop protocols for maintaining and disseminating a directory for public health agency personnel, health alert partners, and emergency response partners.
- Create and formalize the State of Montana web site to secure a strong link to respond in an emergency preparedness system.
- Explore the feasibility of transitioning all DPHHS programs to electronic data and messaging systems.
- Negotiate a timeline with identified non-public health partners to build an electronic link constructed consistent with the Public Health (IT) Functions and Specifications.
- Explore the value of connecting these critical partners to the DPHHS with a secure electronic link, constructed consistent with the (IT) Functions and Specifications, to enable exchange of confidential information and data.
- Review the status and possibilities of redundant power for IT systems.

Focus Area F: Risk Communication and Health Information Dissemination

Critical Capacity A: to provide needed health/risk information to the public and key partners during a terrorism event by establishing critical baseline information about the current communication needs and barriers within individual communities, and identifying effective channels of communication for reaching the general public and special populations during public health threats and emergencies.

Summary of State Response: The capacity of the Montana state health agency to communicate risk and disseminate information is in the early stage of development. A public information officer (PIO), with an alternate, exists within the state health agency. The emergency response/crisis communication plan is limited. The state of Montana has developed a limited number of materials and fact sheets on emergency preparedness and public health. Additionally, the staff is aware of Internet access via the Centers for Disease Control and Prevention, HRSA, and related links to a vast variety of pertinent materials. To date, limited drills and exercises (earthquake, anthrax) have been conducted to test and evaluate the effectiveness of the emergency response/crisis communication plan on a 24-hour/7 day a week basis.

Strengths:

- The state health agency designates a public health information officer and has a policy to routinely route media calls to the PIO.
- A paper copy directory of emergency contact information for local/regional media contacts and PIOs from partner organizations is available.
- The state health agency has an interim emergency response/crisis communication plan that includes procedures for media requests, press releases, monitoring media, press conferences, and website maintenance.
- The state health agency uses media channels (print and TV), websites, phone banks, letters by mail, conference calls, and press conferences to disseminate information about public health issues and emergencies.
- The agency has obtained and is aware of websites that contain topic specific materials on biological agents and threats in various formats.

Actions to Consider:

- Hire a risk communications coordinator with training and expertise in this specialized discipline.
- Assure the inclusion of a variety of audiences – public health system personnel, special populations, and public – in the state emergency response/crisis communication plan.
- Continue to clarify, in a final written communication plan, the lines of authority and responsibilities for the public information team to provide coverage in an emergency.
- Update and test the agency's emergency response/crisis communication plan on an established timetable.
- Identify the persons who will act as spokespersons on public health issues during an emergency for multiple audiences and formats.
- Develop a verification and clearance/approval policy and training for information to be released to response partners, media and public.
- Create and formalize a system to update and disseminate a directory of emergency contact information for local/state media.

Focus Area G: Education and Training

Critical Capacity A: To ensure the delivery of appropriate education and training to key public health professionals, infectious disease specialists, emergency department personnel, and other health care providers in preparedness for and response to terrorism, other infectious disease outbreaks, and other public health threats and emergencies, either directly or through the use (where possible) of existing curricula and other sources, including schools of public health and medicine, academic health centers, CDC training networks, and other providers.

Summary of State Response: The Montana state health agency does not have a formal training plan. A systematic, internal training assessment should be administered to identify gaps in employee knowledge, skills and abilities related to public health, public health emergency preparedness, and information technology. The state and community partners, who support the public health system, need to be included in the process as well.

A coordinated system of evaluating Montana's public health trainings should be developed and would provide invaluable insight into the quality of existing and future trainings. A diverse mix of trainings seems to occur throughout the agency. State health agency personnel make a concerted effort to provide training related to the categorical preference of their funding source. Montana's cooperative agreement is providing the opportunity to offer limited trainings in bioterrorism and public health preparedness during the initial year of funding. Although the audience focus has been on the public health workforce, plans are in place to further expand trainings systematically with critical partners. Trainings provided via distance learning, Internet conferencing, CD-ROM, broadcast links, are being explored for application in a rural state. The recent capacity assessment of local agency preparedness by the University of Washington provides a snapshot of the trainings considered as priority:

1) Specific procedures to follow during biological and chemical incidents.
2) Basic education regarding biological and chemical incidents.
3) How to identify and recognize a bioterrorism event.
4) Incident Command System/Unified Command.
5) Surveillance – including syndromic surveillance.
6) Infections/Syndromes related to the critical agents lists.
7) Risk communication and working with the media.
8) Mental health issues related to bioterrorism and other public health emergencies.

Strengths:

- The agency has designated a staff person to coordinate public health training activities.
- The agency has access to distance learning technologies, such as satellite downlink and web casts on the Internet, to provide training with state or state affiliated agencies throughout Montana.
- Training is available and is present in various forms throughout the state health agency.

- Through collaborative efforts with the university system, tabletop exercises and simulations are being developed and administered.
- The Montana Public Health Training Institute is creating a public health focused training system.
- The agency has contracted with the Public Health Foundation to administer a learning management system that tracks state health agency training.

Actions to Consider:

- Conduct a state public health agency and related partner training needs assessment.
- Develop a state training plan that addresses bio-terrorism, preparedness, and core public health and related partner training needs.
- Develop a system for evaluating trainings and other learning activities.
- Utilize the learning management system to develop a means of recognizing state and local public health agency personnel who complete trainings.
- Provide systematic training on public health theory and practice, bioterrorism and public health preparedness (incident planning, terrorist acts, incident command system/unified command, surveillance, clinical agent application).
- Improve Internet connectivity systems to speed communication flow.
- Continue to investigate the use of distance learning technologies.
- Provide training that develops proficiency in using the technologies that are available.
- Provide fulfilling and effective adult learning experiences through appropriate instructional design.
- Build awareness of copyright and intellectual property issues before delivering trainings.
- Assess IT training needs and incorporate into assessment, planning and evaluation components of the technology capacity.
- Assure job descriptions outline emergency responsibilities and roles.

State Public Health Preparedness and Response Capacity Inventory
Demographic Information

Name of State Public Health Agency: Montana Department of Public Health & Human Services
Agency Website URL: http://www.dphhs.state.mt.us
Name of State Health Officer: Gail Gray
Mailing Address: Director's Office, 111 N. Sanders, PO Box 4210, Helena MT 59620
State: Montana
Phone: (406) 444-5622 Fax: (406) 444-1970 Email: ggray@state.mt.us
Name of State Bioterrorism Executive Director: (Critical Benchmark [CB#1]): Maggie Bullock
Phone: (406) 444-4141 Fax: (406) 444-7465 Email: mbullock@state.mt.us
Name of State Bioterrorism Coordinator for Supplemental Funds for Public Health Preparedness and Response to Bioterrorism, CDC Cooperative Agreement Announcement No. 99051, February 2002 (if different form BT Executive Director): Sally Johnson.

1. What is the population of the state reported in this assessment? 909,453
   1b. Year of Census or year population estimate was developed: US Bureau of Census, Census 2000 Summary File 3
2. How many people are employed by your state reported in this assessment?
   2a. Total full-time equivalent employees (FTEs) 166 FTE (2800 in MT Dept. of PH & HS
   2b. Total full-time equivalent contract employees? n/a
3. What is the total agency budget for you state? $3 billion
4. How are public health services delivered in you state?
   - ☐ Centralized
   - ☐ Decentralized, regional or district structure
   - ☒ Decentralized, county structure
   - ☐ Decentralized, city structure
   - ☐ Decentralized, mixed structure, please specify:
   - ☐ Other, please specify:
5. How many Metropolitan Statistical Areas (MSAs) with populations greater than 500,000 does your state have? n/a
6. How many full0time epidemiologists odes you public health agency employ? (two half-time employees equal one full-time employee) 2 (Todd Damrow, Sally Johnson)
7. Has your agency participated in: (Check all that apply)
   - ☐ Mobilizing for Action through Planning and Partnerships (MAPP)?
   - ☒ National Public Health Performance Standards program?
   - ☒ Other state-based assessments?

8. **EXTERNAL PARTNERS:** Please list the full name of each agency/organization involved in the Inventory completion process and the number of people from each agency/organization involved. Give a brief description of the type of organization (e.g., not-for-profit, state governmental social services). If community residents are participating and not representing a specific organization, please put "individual" under "Name of Agency/Organization". If a participant represents more than one organization, pleases indicate that person's primary affiliation. Use additional sheets if necessary.

Name of Agency/Organization	Number of Representatives Involved	Type of Organization
Jim Green	Disaster & Emergency Services	
Sheri Lantz	Disaster & Emergency Services	
Ed Thamke	Dept. of Environmental Quality	

9. **INTERNAL PARTNERS:** Please list the name, job title or program represented, contact information, and the Focus Area(s) of expertise for persons WITHIN your public health agency who participated in answering the questions in each Focus Area.

Jane Smilie
Acting Bureau Chief
Health System Bureau
(406) 444-9020
jsmilie@state.mt.us
A,G

Melanie Reynolds
MT Turning Point Initiative
Health Systems Bureau
(406) 444-4474
mreynolds@state.mt.us
G

Paul Lamphier
Bureau Chief
Laboratory Services Bureau
(406) 444-5246
plamphier@state.mt.us
C

Joyce Burgett
Immunizations Section Supervisor
CDC&P Bureau
(406) 444-0065
jburgett@state.mt.us
E, SPI

Jim Murphy
Comm. Disease Surveillance
CDC&P Bureau
jmurphy@state.mt.us
(406) 444-0274
B, I

Tina Hingst
Training Coordinator
Health System Bureau
thingst@state.mt.us
(406) 444-6820
G

Howard Reid
Section Supervisor
CDC&P Bureau
hreid@state.mt.us
(406) 444-5309
B

Susanne Zanto
Section Supervisor
Laboratory Services Bureau
szanto@state.mt.us
(406) 444-2839
C

Jim Aspevig
Health Service Specialist
CDC&P Bureau
jaspevig@state.mt.us
(406) 444-5441
E, F

Terry Krantz
Bureau Chief
CDC&P Bureau
tkrantz@state.mt.us
(406) 444-4735
A, E, B

Todd Damrow
CDC&E Section Supervisor
CDC&P Bureau
tdamrow@state.mt.us
(406) 444-3986
B

Lorrie Leighton-Boster
Public Health Disaster Coordinator
CDC&P Bureau
lleighton-boster@state.mt.us
(406) 444-1305
A, H

Anne Weber
Section Supervisor
Laboratory Services Bureau
aweber@state.mt.us
(406) 444-5559
C

Eric Aakko
Bioterrorism Training Coordinator
Health Systems Bureau
eaakko@state.mt.us
(406) 444-5949
G, F

Sally Johnson
Section Supervisor
CDC&P Bureau
sajhonson@state.mt.us
(406) 444-4016
G, F

Art Bicsak
SNS Program Manager
Health Systems Bureau
abicsak@state.mt.us
(406) 444-1611
H

Ken Pekoc
Public Information Officer
Directors Office
kpekoc@state.mt.us
(406) 444-2596
F

Judy Nielsen
Bioterrorism Coordinator
CDC&P Bureau
jnielsen@state.mt.us
(406) 444-4744
F

Ken Leighton-Boster
EMS Section Supervisor
Health Systems Bureau
kleighton-boster@state.mt.us
(406) 444-2724

Linda McKenna
Bioterrorism Coordinator
Laboratory Services Bureau
lmckenna@state.mt.us
(406) 444-0944
H

Brian LaMoure
Administrative Officer
Senior & Long term Care
blamoure@state.mt.us
(406) 444-7782

Appendix A: Completed Assessment Instrument

Focus Area A: Preparedness Planning and Readiness Assessment

Part I: Strategic Direction, Assessment, and Coordination

1. Which activities are included in the agency's strategic planning?

(Check all that apply for each type of planning)

	Emergency Preparedness Planning	State Health Planning
Identify stakeholders	√	
Engage	√	
Use data to identify health problems and gaps	√	
Prioritize problems as gaps	√	
Set improvement goals	√	
Formulate a state plan that describes action steps to reach goals	√	
Disseminate the plan among public health partners	√	
Evaluate effectiveness of action steps		
Recommend changes to action steps that prove ineffective		
Establish how often the state plan will be reviewed & updated	√	

☐ The agency does not participate in a strategic planning process to improve public health

2. Does the agency update high level policy-makers and elected officials on progress toward goals in the state plan to improve public health?

☒ Yes
☐ No
☐ The question is not applicable. We don't formulate a state plan to improve public health

3. Establishing relationships among public health system partners is likely the most critical aspect of emergency response. In what manner and to what extent has the agency formalized working relationships with each partner organization for the purpose of emergency response? (For each organization listed [pg. 2], check all boxes that apply)

- ***Advisory Committee:*** the organization participates on an emergency response advisory committee with the public health agency. (Organizations recommended, at a minimum, to participate on an advisory committee are in **bold-face** type.)

- ***Formal Written Agreements:*** the agency and the organization both participate in a written jurisdiction-wide/multi-agency emergency response plan or the emergency response roles and responsibilities of the agency and organization are described in a written agreement.
- ***Informal Unwritten Agreements:*** the agency and the organization agree to collaborate for emergency response, but the agreement is informal, with roles and responsibilities not clearly defined in writing.
- ***No Relationship:*** the agency has no relationship with the organization
- ***Health Alert Network Partner:*** the agency considers the organization a partner in its health alert network and ensures that the organization receives future "alerts".
- ***N/A:*** Not applicable. If the organization does not exist/is not a potential emergency response partner, check **only** the "N/A" box.

Organizations	Advisory committee member	Written documentation describes relationship, roles, and responsibilities	Agreement to collaborate are unwritten and informal	No relationship	Health alert network partner	N/A, does not exist/is not a potential response partner
Local public health agencies	☒	☐	☐	☐	☒	☐
Local Public Health Official Association	☐	☐	☐	☐	☐	☒
Governor or representative	☐	☒	☐	☐	☐	☐
State Public Information Officer	☐	☐	☐	☐	☐	☒
State Legislature	☐	☐	☒	☐	☐	☐
State Board of Health	☐	☐	☐	☐	☐	☒
County Commissioners Association	☒	☐	☐	☐	☐	☐
Mayors/city Managers Association	☐	☐	☐	☐	☐	☒
State Highway Patrol	☒	☐	☐	☐	☐	☐
State Department of Public Safety	☐	☐	☐	☐	☐	☒
State Bureau of Investigation	☐	☐	☐	☐	☐	☐
Federal Bureau of Investigation (FBI)	☒	☐	☐	☐	☐	☐
State Emergency Management Agency	☒	☒	☐	☐	☐	☐
Federal Emergency Management Agency (FEMA)	☒	☒	☐	☐	☒	☐
State Emergency Alert System	☐	☐	☐	☐	☐	☐
State Emergency Medical Services	☐	☒	☐	☐	☐	☐
Metropolitan Medical Response System (MMRS)	☐	☐	☐	☐	☒	☒
State Fire Prevention and Control/HazMat	☒	☐	☐	☐	☐	☐

State Office of Rural health	☒	☐	☐	☐	☐	☐
Occupational health and safety agencies	☒	☐	☐	☐	☐	☒
State Laboratory (if separate from agency)	☐	☐	☐	☐	☐	☐
State Mental Health Authority	☐	☐	☐	☐	☐	☐
State Hospital Association	☒	☐	☐	☐	☒	☐
State Medical Association	☒	☐	☐	☐	☐	☐
State Nursing Association	☐	☐	☐	☒	☐	☐
State Veterinarian Association	☐	☐	☐	☒	☐	☐
State Pharmacy Association	☒	☐	☐	☐	☐	☐
State professional licensing boards	☐	☐	☒	☐	☐	☐
American Red Cross	☒	☐	☐	☐	☐	☐
Salvation Army	☐	☐	☐	☐	☐	☐
Veterans Administration	☒	☐	☐	☐	☐	☐
National Guard	☒	☐	☐	☐	☐	☐
U.S. military hospital	☐	☐	☐	☐	☐	☒
State Department of Human/Social Services	☐	☐	☐	☐	☐	☐
State Department of Insurance	☐	☐	☐	☐	☐	☐
State Comptroller	☐	☐	☐	☐	☐	☐
State Association of Medical Examiners	☐	☐	☐	☒	☐	☐
State Association of Coroners	☐	☐	☐	☒	☐	☐
State funeral Directors Association	☐	☐	☐	☐	☐	☐
University/colleges/public health schools	☒	☐	☐	☐	☐	☐
State Department of Education	☐	☐	☒	☐	☐	☐
Poison control	☐	☒	☐	☐	☐	☐
State Department of Agriculture	☐	☐	☐	☐	☐	☐
State Environmental Protection Agency	☒	☒	☐	☐	☐	☐
State Water Boars/Natural Resources Agency	☒	☒	☐	☐	☐	☐
State Department of Corrections	☐	☐	☐	☐	☐	☐
Tribal government representatives	☒	☒	☐	☐	☒	☐
Representatives of foreign state/counties/provinces along international borders	☐	☐	☒	☐	☐	☐
Public health Agencies of neighboring states	☐	☐	☒	☐	☐	☐
Inter-faith councils	☐	☐	☐	☒	☐	☐

4. Does the agency sponsor or participate in state-wide conferences and workshops for emergency preparedness that bring together partners and stakeholders?

☐ Yes
☐ No

5. Please provide the requested information for each of the following individuals:

- Commissioner (or person at the highest level of management)
- Deputy Commissioner (or Person at the second highest level of management)
- Executive director of the agency's Bioterrorism (BT) Preparedness and Response Program (IF the executive director of MT is the same person as commissioner or deputy commissioner, leave the Director of BT column blank):

  - Enter the advanced degrees that official holds (e.g., MD, DrPH, MPH, RN, MS, etc.)
  - Enter the number of years the official has worked for the agency
  - Indicate which leadership/management training the official had participated in the training, do not mark their box for that training.)
  - Indicate which emergency management training the official has participated in by checking the box associated with the training, (IF the official has not participated in the training, do not mark their box for that training.)

	Commissioner	Deputy Commissioner	Director of BT
Degrees	EdD, MS	BS, CPA	MS
Number of Years Employed	3 yrs 5 mos	8 yrs	25 yrs
Management/Leadership Training			
National Public Health Leadership Institute (PHLI)	☐	☐	☐
Regional or State-sponsored Public Health Leadership Institute (PHLI)	☐	☐	☐
Other leadership/management training courses (one week or longer in duration)	☒	☒	☒
Core Legal competencies for Public Health Professionals	☐	☐	☐
Emergency Management Training			
Federal Emergency Management Agency (FEMA) emergency management course on Incident Command System/Unified Command (ICS/US)	☐	☐	☒
Other FMEA courses	☐	☐	☐
Other national or regional (multi-state) bioterrorism/emergency management courses (five days or longer in duration)	☐	☐	☐

6. For the agency associate/assistant commissioners (third level of management) and bureau chiefs/department heads (fourth level of management), estimate how many of these managers have:

- Participate in the following types of **leadership/management training**
- Participate in the following types of **emergency management training**

	No Managers	Some Managers	Most Managers	All Managers
Management/Leadership Training				
National Public Health Leadership Institute (PHLI)	☒	☐	☐	☐
Regional or State-sponsored Public Health Leadership Institute (PHLI	☒	☐	☐	☐
Management Academy for Public Health	☒	☐	☐	☐
Other leadership/management training courses (one week or longer in durations)	☐	☐	☐	☒
Emergency Management Training				
National or regional (multi-state) bioterrorism/emergency management courses (three days or longer)	☐	☒	☐	☐
State-sponsored bioterrorism/emergency management courses (three days or longer)	☐	☒	☐	☐

7. Which provisions are included in your state statures? (see Model State Emergency Health Powers Act) (Check all that apply)

- ☒ Track and contain disease through case investigation and implementation of control measures
- ☒ Share confidential information
- ☒ Establish criteria and procedures to invoke and terminate emergency health powers
- ☒ Gain access to and control facilities and property
- ☐ Enforce measures to provide for safe disposal of infectious waste
- ☐ Enforce measures to provide for sage disposal of corpses
- ☐ Control health care supplies
- ☐ Seize and destroy property
- ☐ Limit movement of individuals
- ☐ Mandate medical examinations
- ☒ Isolate and quarantine
- ☒ Vaccinate and treat
- ☒ Collect and test laboratory specimens
- ☒ Access and disclose patient records
- ☐ Temporarily license out-of-state health care personnel
- ☒ Disseminate information to the public

- ☐ Access to mental health support personnel
- ☒ Develop plans for public health emergency response
- ☐ Authorize funding for emergency public health activities
- ☐ Address liability for death, injury, and damage, including liability for triage of victims
- ☐ Provide reasonable compensation for use of supplies and use/destruction of property
- ☐ Address conflicts with federal laws/prior conflicting laws
- ☐ Generate reports on actions taken during a public health emergency

8. Has the agency identified legal counsel who will be available during emergencies to advise the agency on legal matters pertaining to public health?

   ☒ Yes
   ☐ No

9. Indicate which are true regarding regional public services in your state: (Check all that apply)

	In Place	Planned	Not In Place; Not Planned
Emergency medical/trauma service (EMS) regions	☒	☐	☐
Public health service regions	☐	☒	☐
EMS and public health service regions with shared administrative boundaries	☐	☐	☒

10. Is the agency's public health emergency response plan integrated with the: (Check all that apply)

    ☒ State-wide emergency response plan?
    ☒ Local/Regional public health emergency response plans?
    ☐ Agency does not have a public emergency response plan

11. How does the agency assess hospital readiness for emergency response? (Check all that apply)

    ☒ Collaborates with federal partners (e.g., Health Resources Services Administration) charged with assessing readiness
    ☒ Includes hospitals and their representatives in emergency response exercises
    ☒ The agency assesses hospital readiness through other activates

12. Which issues are addressed in the public health emergency response plan OR addressed in other sections/annexes of the state response plan and referenced in the public health plan? (Check all that apply)

A. Plan Activation and Link to Emergency Operations Center

- ☒ Definition for threshold of alert that lead to plan activation (e.g., DEFCON, 'Homeland Security Advisory System – color alert scheme, etc.)
- ☒ Activation of the public health emergency response plan
- ☒ Designation of a public health agency Emergency Response Coordinator
- ☒ Communication with the Emergency Operations Center (EOC)
- ☒ Participation in the Incident Command System/Unified Command (ICS/UC)
- ☐ Development of field operations manuals that summarize critical procedures and contact information to facilitate job performance of workers rotating into unfamiliar roles (e.g., handbooks, pocket field guides, task orientation/standard operating procedures manuals, "cheat sheets")

B. Public Health and Medical Coordination

- ☒ Participation in a medical operations center linked to EOC
- ☒ Identification of suitable alternate facilities to ensure continuity of operations in case the agency's regular facility is uninhabitable
- ☐ Conference call procedures
- ☐ Use of standardized questionnaires across jurisdictions by military and civilian epidemiology investigators
- ☒ Use of consistent epidemiologic case definitions
- ☐ Mechanisms for robust electronic and paper information exchange (e.g., laboratory, epidemiology)
- ☒ Implementation of an emergency epidemiologic response, including enhanced surveillance and investigation of human and animal exposures
- ☒ Management of the National Pharmaceutical Stockpile (NPS), including training personnel to receive and distribute critical stockpile items and manage mass distribution of vaccine, antibiotics, and antidotes (see Focus area A, Part III)
- ☐ Triage of victims
- ☐ Decontamination of mass casualties
- ☐ Institution of isolation within a health facility
- ☐ Implementation of infection control procedures
- ☐ Coordination of mass casualty transportation
- ☐ Coordination of hospital diversion policies
- ☐ Procurement and use of personal protective equipment for biological agents for first responders and select public health staff
- ☐ Procurement and use of personal protective equipment for chemical agents for first responders and selected public health staff

- ☐ Procurement and use of personal protective equipment for radiological agents for first responders and select public health staff\
- ☐ Identification of special populations who may encounter barriers to receiving health services during an emergency
- ☐ Assistance to special populations who may encounter barriers to receiving health services during an emergency
- ☒ Referring victims and response personnel to mental health professionals for needed services, including critical incident stress counseling
- ☒ Response to mass mortuary needs
- ☐ Incorporation of national Guard Weapons of Mass Destruction: Civil Support Teams into local response efforts
- ☐ Incorporation of National disaster Medical System (NDMS) into local response efforts
- ☐ Incorporation of Disaster Medical Assistance Team (DMATS) into local response efforts
- ☐ Incorporation of Disaster Mortuary Operational Response Team (DMORTS) into local response efforts
- ☐ Incorporation of Veterinary Medical Assistance Team (VMATS) into local response efforts

C. Surge Capacity

Assisting local jurisdictions to procure state-wide, neighboring state, and federal resources (personnel, financial, facilities, equipment, and supplies) to accommodate a five-fold increase above their identified maximum capacity (as identified in local emergency plans) for:

- ☐ Emergency department beds
- ☐ Adult medicine beds
- ☐ Pediatric beds
- ☐ Burn unit beds
- ☐ Intensive care unit beds
- ☐ Multiple trauma beds
- ☐ Specialized infection control rooms (e.g., negative pressure rooms)
- ☐ Respiratory isolation units
- ☒ Respiratory ventilators
- ☐ Laboratory testing
- ☒ Medical transport vehicles
- ☐ Mortuary space

D. Protection of Environment

- ☐ Performance of environmental hazard/risk assessments and mitigation of identified risks
- ☐ Performance of environmental surveys
- ☐ Removal of debris
- ☐ Transport and disposal of hazardous waste
- ☐ Facility security and crown control

E. Personnel and Provisions

- [x] Identification of required personnel
- [ ] Identification of qualifications of required personnel
- [ ] Geographic distribution of required personnel
- [ ] Work and relief scheduling for response personnel to maintain 24-hour operations (2-3 work shifts per day) for at least several days
- [ ] Support for families of emergency response personnel
- [ ] Organization and coordination of volunteers
- [ ] Provision of food and lodging for volunteers, individual health care providers, and emergency response workers during a public health emergency
- [ ] Verification of provisional credentials and professional liability coverage for out-of-state clinicians approved by state licensing authorities to support surge capacity policies during an emergency
- [ ] Management of donations
- [ ] Identification of shelters

F. Recovery

- [x] Monitoring of mental health care needs in emergency response personnel
- [ ] Monitoring of air quality
- [ ] Monitoring of water quality
- [ ] Monitoring of food quality
- [ ] Monitoring of soil quality
- [ ] Vector control
- [ ] Environmental decontamination

13. Has the agency reviewed local/regional agency emergency response plans to verify that critical components and surge capacity are adequately addressed? (see Focus Area A, Par II, Question 12 for critical components)

- [ ] Yes
- [x] No

14. Directories containing emergency contact information for agency personnel and emergency response partners must be current, accurate, available, and accessible 24 hours per day/7 days per week. In addition to paper directories, the public health agency is expected to construct electronic directories so insistent with the Public health information technology (IT) Functions and Specifications. What is the present status of the agency's directory of emergency contact information? What is the present status of the agency's directory of emergency contact information?

- [x] Paper form **only**

☐ Electronic directories **not consistent** with the (IT) Functions and Specifications
☒ Electronic directories **consistent** with the (IT) Functions and Specifications
☐ The agency does not have a directory of emergency contact information

15. It is understood that first responders (e.g., law enforcement, emergency medical services, emergency management agencies) can be contacted 24 hours her day/7 days per week. Certain other critical emergency response personnel do not typically operate in a 24/7 mode. Ability to contact and talk with these persons (or their on-call delegates) must be tested periodically through unannounced drills and exercises. Under what conditions does the public health agency test its ability to reach its own personnel and key external partners (through any communications means) by receiving acknowledgement, within 30 minutes, that the contact is available? (Check all that apply, IF the position does not exist/is not potential emergency response partner, check **only** the "N/A" box)

Position	Tested at least once every six months: **During** regular business hours	Tested at least once every six months: **After** regular business hours	N/A: does not exist/is not a potential response partner
Agency commissioner	☐	☐	☐
Agency Deputy Commissioner	☐	☐	☐
State Lab Director	☐	☐	☐
State Epidemiologist	☐	☐	☐
Agency Epidemiology Response Coordinator	☐	☐	☐
Agency Emergency Response Coordinator	☐	☐	☐
Agency Public Information Officer	☐	☐	☐
Local Public Health Agency Directors	☐	☐	☐
Local Public Health Agency Epidemiology Response Coordinators	☐	☐	☐
Local Public Health Agency Emergency Response Coordinators	☐	☐	☐
Local Public Health Agency Lab Directors	☐	☐	☐

16. Which has the agency done in the past 12 months? (Check all that apply)

☒ Conducted tabletop exercise(s) with individuals and organizations that have a response role
☒ Conducted functional exercise(s) with individuals and organizations that have a response role
☒ Participated in regional exercise(s) conducted by federal agencies

☒ Responded to a public health emergency (e.g., chemical spill, bio-release, suspicious letter)
☒ Corrected deficiencies in the emergency response plan based on knowledge from these evaluations
☒ Convened jointly at least once with state response partners to update the emergency response plan, even if no exercise or emergency occurred to warrant more frequent review

Part III: National Pharmaceutical Stockpile Preparedness

Appropriate management of National Pharmaceutical Stockpile (NPS) assets requires extraordinary commitment of resources, involving 1,000 or more skilled and trained persons for each high-risk city in the state and coverage that can be mobilized to non-high-risk cities and regions lacking their own NPS infrastructure. The U.S. Department of Health and Human Services transmittal letter, informing state of bioterrorism supplemental funding awards form CDC (June 2002) emphasizes the unprecedented scope of the charge: to vaccinate or distribute antibiotics around the clock to an entire population within 3 to 5 days. Public health agencies are expected to develop detailed plans to manage NPS assets following guidance set forth in Receiving Distributing, and Dispensing the National Pharmaceutical Stockpile: A Guide for Planners. Version 9-Draft, April 2002.

17. Is the agency allocating funds to assist any local and regional governments to create an infrastructure to manage and use NPS assets?

☒ Yes
☐ No

18. Is the agency targeting funds to Metropolitan Medical Resources System (MMRS) cities to create an infrastructure to manage and use NPS assets?

☐ Yes
☒ No

Instructions for completing NPS and Smallpox Preparedness Function tables: (Questions 19 and 20)

1. Refer to Appendix A, NPS Preparedness Checklist and Appendix B, Smallpox Vaccination Preparedness Checklist. Each appendix is a checklist developed by CDC's NPS Program. Each checklist identifies important functions and related activities. **(Question 19 and 20 cannot be completed without these appendices.)**

2. On the checklists, indicate preparedness for each activity by putting a check mark in the column that best describes your level of progress for the activity.

3. For each Function, add the number of check marks in each column and write the total for each column along the bottom row – the row entitled "summary Levels of Progress". (If you add the number of check marks in each column correctly, the column totals will equal the number of Function activities.) Finally, transfer the numbers recorded in the last for of each Function to the appropriate row in the tables for questions 19 and 20.

For example: For the function: Repackaging (7 activities) from the NPS Preparedness Checklist

NPS Preparedness Function: Repackaging	Not in progress yets (red)	In progress (amber)	Completely in place (green)	Not applicable
Members are designated…			√	
An appropriate number of pharmacists…		√		
Repackaging team members…are part of…		√		
Repacking team members…are oriented…		√		
Repacking team members trained to practice…			√	
A repackaging site…	√			
Security is arranged…				√
Summary levels of progress (column totals=7)	1	3	2	1

19. Transfer the numbers representing summary levels of progress for each Function from Appendix A, NPS Preparedness checklist, to the table below.

NPS Preparedness Function	Not in progress yet, but part of a designated role (red)	In progress, but not yet completely in place (or confirmed) (amber)	Completely in place (and confirmed) (green)	Not applicable or not part of jurisdiction's designated role
State/Local NPS Management Infrastructure (Critical Component)		17	23	1
NPS Logistics		5	9	
Repackaging		5	2	
Distribution (Critical Component)		5	9	
Dispensing (Critical Component)		1		32

Coordination with Treatment Centers				7
Communications/Security	1		4	
Training, Exercising, and Evaluating		2		

20. Transfer the numbers representing summary levels of progress for each Function form Appendix B, Smallpox Vaccination Preparedness Checklist, to the table below:

Smallpox Vaccination Preparedness Function	Not in progress yet, but part of a designated role (red)	In progress, but not yet completely in place (or confirmed) (amber)	Completely in place (and confirmed) (green)	Not applicable or not part of jurisdiction's designated role
Policy/Planning	1	1	4	
Staffing		1	4	
Vaccinia Immune Globulin (VIG) Management		2	1	
Smallpox Vaccination Sites		11	7	
Isolation and Quarantine		1	2	
Public Communications			1	

Focus Area B: Surveillance and Epidemiology Capacity

Part I: Public Health Surveillance and Detention Capacities

21. Do your state laws governing reports for notifiable conditions include: (Check all that apply)

- ☒ Priorities for reporting, including certain notifiable conditions designated as immediately notifiable?
- ☒ Authority for the State Health Officer to amend the notifiable conditions list during a declared state of emergency?
- ☒ Information on who is required to report (e.g., physicians, labs, coroners, pharmacies, veterinarians, etc.)?
- ☒ Criteria to meet before cases are reported (e.g., confirmed, presumptive, suspected, syndromic)?
- ☐ Maximum time frames for notification?
- ☒ Information on which authority(ies) to notify?
- ☒ Information on reporting across jurisdictions (e.g., use of out-of-state lab; report recorded from jurisdiction where notification is made, case resides, or infection was acquired)?
- ☒ Penalties for failure to notify?
- ☐ Our state does not have any laws to report notifiable conditions?

22. Which does the agency to receive reports of immediately notifiable conditions 24 hours per day/7 days per week? (Check all that apply)

- ☐ Tool free phone number, Please enter this number:_____
- ☒ Fax number. Please enter this number: (800) 616-7460
- ☐ Electronic reporting
- ☒ A designated contact person available 24/7 to receive reports: (406) 444-0273
- ☐ Our agency does not receive reports of immediately notifiable conditions 24 hours per day/7 days per week

23. Which aspects of its surveillance system for notifiable conditions does the agency assess? (Check all that apply)

- ☒ Completeness of reporting (surveillance system sensitivity)
- ☒ Timeliness of reporting
- ☒ Validity of data
- ☒ Flexibility
- ☒ Acceptability

☒ Simplicity
☒ Predictive value positive
☒ Repersentativeness
☒ Stability

24. How does the agency attempt to strengthen relationships with reporting sources? (Check all that apply)

☒ Assesses and addresses barriers to reporting
☒ Dedicates staff time to educating reporting sources in order to improve reporting
☒ Dedicates staff time to providing feedback to reporting sources in order to "close" the reporting loop
☒ Modifies reports and data display to accommodate user needs
☒ The agency attempts to strengthen relationships with reporting sources through other activities

25. For each surveillance system listed, indicate: (Check all that apply)

- Which surveillance activities the agency performs
- How patient data are stored. In addition to paper records, the agency is expected to construct electronic databases consistent with the Public health Information Technology (IT) Functions and Specifications to facilitate case/contact tracking of medical treatment follow-up (e.g., vaccinated, prophylaxed, medicated, etc.)

Surveillance System	Collect Data	Paper records only	Electronic database not consistent with IT specs	Electronic database consistent with IT specs	Analyze Data	Compile Reports	Disseminate Reports
Influenza	☒	☐	☐	☒	☒	☒	☒
Invasive bacterial diseases (e.g., invasive Group A Strep)	☒	☐	☐	☒	☒	☒	☒
Vaccine preventable diseases	☒	☐	☐	☒	☒	☒	☒
Vectorborne diseases	☒	☐	☐	☒	☒	☒	☒
Foodborne diseases	☒	☐	☐	☒	☒	☒	☒
Waterborne diseases	☒	☐	☐	☒	☒	☒	☒
Category A list	☐	☐	☐	☐	☐	☐	☐

agents of bioterrorism							
Syndromes	☐	☐	☐	☐	☐	☐	☐
Vaccine Registry	☐	☐	☐	☐	☐	☐	☐
Hazardous Substances Emergency Events Surveillance (HSEES	☐	☐	☐	☐	☐	☐	☐
Hazardous chemical, patient exposures	☐	☐	☐	☐	☐	☐	☐

26. Does the agency have the capacity to enhance surveillance, when necessary, by:

A. Expanding reporting sources beyond those typically used, to include timely data (preferably real time) from: (Check all that apply)

☐ 911 dispatch?
☐ Emergency Medical Services (EMS) runs?
☐ Emergency department admissions/regulation?
☐ Pharmacies?
☐ Poison Control?
☐ Medical Examiner/Coroner?
☐ Schools?
☐ Child day care centers?
☐ Adult day care centers?
☐ Long-term care facilities?
☐ Veterinarians/animal control?

B. Instituting active surveillance during an emergency for: (Check all that apply)

☒ Notifiable diseases
☒ Category A list agents
☒ Event-related injuries

C. Receiving, analyzing, and compiling reports on syndromic data that include: (Check all that apply)

☒ Meningitis, encephalitis, or unexplained acute encephalopathy/delirium?
☒ Vesicular or pustular rash?
☒ Localized cutaneous lesion with at least one of these: puritic maculopapular rash, acute ulcer, ashcar?

D. Alerting reporting sources to notify the agency when illness presents in patterns with suspicious epidemiologic features?

☒ Yes
☐ No

Part II: Public Health Epidemiologic Investigation and Response Capacities

27. Which tool(s) has the state agency used to assess its epidemiology capacity? (Check all that apply)

- ☒ The Council of State and Territorial Epidemiologists (CSTE) Epidemiology Capacity Assessment Tool
- ☐ A capacity assessment tool developed by the state public health agency
- ☒ Other epidemiology capacity assessment tool
- ☐ Our agency has not assessed its epidemiology capacity

28. For Metropolitan Statistical Areas (MSAs) in your state exceeding 500,000 population, what percent have at least one full-time epidemiologist providing services to the area? (Check only one response)

Calculation Instructions
Numerator = Number of MSAs exceeding 500,000 population that have at least one full-time epidemiologist
Denominator = Total number of MSAs in state exceeding 500,000 population
(For example: State has 3 MSAs exceeding 500,000 population. 2 of those MSAs have at least one full-time epidemiologist providing services to the MSA. Therefore

- ☐ 0-24%
- ☐ 25-49%
- ☐ 50-74%
- ☒ 75-100%

29. Which responsibilities has the agency assigned to its epidemiology response coordinator? (Check all that apply)

- ☒ Coordinate epidemiology response with other state public health system partners in state-wide emergency response planning
- ☒ Coordinate planning for state support of local epidemiology response with local public health agency epidemiology coordinators
- ☒ Coordinate with Health Resources Services Administration (HRSA) to facilitate hospital readiness
- ☒ Respond 24 hours per day/7 days per week to **immediately** notifiable conditions reports or other urgent public health reports
- ☒ Lead and conduct epidemiologic investigations, analyze and interpret data, and design epidemiologic studies
- ☐ The agency does not have epidemiology/response coordinator

30. Does the agency have at least one epidemiologic response team which is: (Check all that apply)

- ☐ Trained for on-site field investigation, rapid needs assessments, exposure assessments, and response activities?
- ☒ Available for deployment 24 hours per day/7 days per week?
- ☐ The agency does not have any epidemiologic response teams

31. Which personnel does the agency employ or have access to and under what conditions is their support available for 24/7 prolonged emergency response? (For each category of personnel, check conditions of availability that apply)

Type of Personnel	Employed		Not employed, but agency has access to			Agency neither employs, nor has access to
	Routine duty only	Routine and 24/7 emergency duty	Routine duty only	24/7 emergency duty only	Routine and 24/7 emergency duty	
Biostatisticians	☐	☐	☐	☐	☒	☐
Epidemiologists	☒	☒	☐	☐	☒	☐
Environmental Health scientists	☐	☐	☐	☐	☒	☐
Registered sanitarians	☒	☒	☐	☐	☒	☐
Health physicists	☐	☐	☐	☐	☐	☐
Industrial hygienists	☐	☐	☐	☐	☐	☐
Toxicologists	☐	☐	☐	☐	☒	☐
Occupational health specialists	☐	☐	☐	☐	☒	☐
Infection control practitioners	☐	☐	☐	☐	☒	☐
Veterinarians	☒	☒	☐	☐	☐	☐

32. Which risk and vulnerability assessments do agency epidemiologists conduct (in collaboration with registered sanitarians, other environmental health specialists, and veterinarians)?

- ☐ Food: including production, processing, distribution facilities, etc.
- ☐ Water: including water sources, aqueducts, water treatment, water bottling, bottled water distribution, ice-making facilities, etc.
- ☐ Air: including ventilation systems in airport terminals, arena, large public buildings, etc.

33. Does the agency have a plan to accommodate surge capacity for epidemiologic investigation that includes: (Check all that apply)

- ☐ Identification of epidemiologists throughout the state who could be mobilized to local jurisdictions to assist in investigations?
- ☐ Identification of agency staff and staff of public health partners throughout the state who have been trained in secondary roles to assist in epidemiologic investigation under the direction of a qualified epidemiologist?
- ☐ Formal agreements with neighboring states to secure the services of qualified epidemiologists in the event of an emergency?
- ☒ The agency does not have a plan to address surge capacity for epidemiologic investigation

34. Does the agency have copies of pre-prepared medical management information for agents on the critical agents list?

- ☐ Yes
- ☐ No

35. How does the agency attempt to strengthen relationships with the animal health community? (Check all that apply)

- ☒ Recruits veterinarian(s) to act as liaison(s) between the agency and the state veterinary association
- ☒ Includes state veterinary association in bioterrorism planning
- ☒ Recruits veterinarians throughout the state to act as sentinel reporters for zoonotic diseases in animals, especially diseases caused by Category A list agents
- ☒ Collaborates with the state veterinary association to improve reporting of notifiable conditions in animals, especially diseases caused by Category A list agents
- ☒ The agency attempts to strengthen relationships with the animal health community through other activities

36. Does the agency participate in CDC's Epidemic Information Exchange (Epi-X) for secure web-based communications?

- ☒ Yes
- ☐ No

Focus Area C: Laboratory Capacity – Biologic Agents

Most state public health agencies have a laboratory internal to their organization. Some states provide public health lab services through other formal arrangements. In either case, state public health agencies are responsible for assuring the provision of public health lab services, both routinely and in an emergency. The responsibility exists whether the state's local jurisdictions have a public health agency with or without a lab; or have no public agency at all. State public health agency leadership is essential to developing an integrated system of public health, hospital, and independent labs serving all the state's population at acceptable levels of quality and timeliness.

Intended Respondents for Focus Area C:

If the state public health lab is WITHIN the organizational structure of the state public health agency, the intended respondent is the state agency Lab Director.

If the state public health lab is OUTSIDE the organizational structure of the state public health agency, the intended respondent is the state agency Director or Deputy Director answering in consultation with the state public health Lab Director.

37. Which information does the state laboratory collect on all Level A labs that operate in the state? (Check all that apply)

- ☒ Name
- ☒ Street address
- ☒ Mailing address
- ☒ Phone number of lab
- ☒ Fax number of lab
- ☒ Contact information of lab director (e.g., work phone, e-mail address, fax number, home phone, pager number, cell phone)
- ☒ Contact information for supervising microbiologist/technologist (e.g., work phone, e-mail address, fax number)
- ☒ Certification and accreditation information
- ☒ Capability to rule out category A list agents
- ☒ Highest Biosafety Level
- ☒ Reference labs used
- ☐ Statement of willingness and preparedness to perform emergency public health testing
- ☐ The agency does not collect information on Level A labs

38. Which activities does the state lab conduct to promote relationships between Level A labs and Level B/C Laboratory Response Network (LRN) labs? (Check all that apply)

A. State Lab Training Program

- ☒ Designates at least one full-time staff as the state laboratory training coordinator
- ☒ Collaborates with the National Laboratory Training Network (NLTN)
- ☒ Provides Level A lab training that includes Level A lab protocols, safe specimen handling, packaging, shipping, appropriate referral to higher level reference labs, and chain of custody of criminal evidence
- ☒ Provides opportunities for Level A lab staff to train alongside agency lab staff on topics relevant to both
- ☐ Provides opportunities for agency lab staff to participate in infectious disease grand rounds and conferences with community and university lab practitioners

B. Lab Information Technology (IT)

- ☐ Has at least one full-time staff to manage the development of interoperable information systems between the state lab, state program areas (e.g., epidemiology), and Level A labs
- ☐ Collaborates with state and local public health agency IT personnel to assess the IT capabilities of selected key Level A labs in local jurisdictions throughout the state
- ☐ Provides lab IT technical assistance to local public health agencies establishing connections provided in the Public Health Information Technology (IT) Functions and Specifications for exchange of confidential information

C. Build Relationships with Level A labs

- ☒ Dedicates staff time to establishing and maintaining working relationships with Level A laboratories.
- ☒ Communications with Level A labs through Listserves, newsletters, broadcast fax, restricted access areas of a website, etc.
- ☒ Participates in local/regional emergency preparedness planning meetings with local public health agencies and Level A lab partners to facilitate defining roles and responsibilities for Level A labs that participate in local emergency response
- ☒ Participates with local public health agencies conducting site visits to Level A labs
- ☐ Participates with local public health agencies conducting joint training exercises for emergency preparedness with Level A labs
- ☒ The state lap promotes relationships between Level A labs and Level B/C labs through other activities

39. Has the laboratory planned surge capacity for biological agents through formal agreements with labs that can: (Check all that apply)

- ☐ Perform molecular typing of organisms for epidemiology (e.g., DNA fingerprinting)?
- ☐ Test for unusual pathogens under Biosafety Level 3 conditions?
- ☐ Use molecular methods (e.g., polymerase chain reaction [PCR] for direct detection of unusual pathogens?
- ☐ The agency has not planned lab surge capacity for biological agents

40. Has the laboratory arranged testing for non-biological agents used in weapons of mass destruction and terrorism by: (Check all that apply)

- ☐ Identifying a reference lab that can test blood and urine specimens for toxic chemicals used as agents in chemical warfare (e.g., Sarin, Tabun, Soman, VX, sulfur mustard, nitrogen mustard, Lewisite I, phosgene, chlorine, HCN, CK)?
- ☐ Identifying a reference lab that can test environmental samples for adiological elements?
- ☐ Establishing internal procedures for chain of custody, safe handling, proper packaging, and appropriate shipping of specimens that may contain chemical, toxic or radioactive hazards?
- ☒ The agency has not arranged testing or non-biological agents

41. Does the lab's specimen/sample transportation system: (Check all that apply)

- ☒ Consistently meet lab expectations for proper specimen/sample handling?
- ☒ Consistently meet lab expectations for timeliness?
- ☒ Comply with current packaging and shipping regulations on infectious substances and dangerous goods?
- ☐ Accommodate electronic tracking of the specimen/sample in real time (similar to tracking done by package delivery services)/
- ☐ Accommodate transporting chemical samples?
- ☐ Accommodate transporting radiological samples?
- ☐ The lab does not have a specimen/sample transportation system

42. Are procedures for sharing laboratory reports among public health officials and law enforcement officers adequately addressed in the agency's emergency response/crisis communication plan?

- ☒ Yes
- ☐ No

43. Which critical capacities does the public health lab have? (Check all that apply)

A. Worker Safety

☒ A Class II certified biological safety cabinet directly available where work on Select Agents is performed

☒ Lockable freezers/refrigerators and incubators

☒ Staff appropriately fitted for and trained to use personal protective equipment

B. Qualified Personnel for Testing and Quality Control/Assurance

☒ Staff fully qualified according to the requirements of their job descriptions and relevant licensing agencies

☒ Continuing education opportunities for selected lab personnel to attend CDC-sponsored Level B and Level C lab training

☒ Staff trained in use of Laboratory Response Network (LRN) protocols

☒ Staff specially trained on equipment and testing procedures used to identify potential agents of bioterrorism, including polymerase chain reactions (PCR) and time-resolved fluorescence (TRF) rapid assays

☒ A staffing plan that provides adequate coverage in emergencies

☐ Molecular microbiologist(s) experienced in developing and validating assay for detecting infectious organisms

☒ Capacity to integrate new rapid identification methods, as they become available, into current lab testing algorithms

C. Proficiency Testing

☒ Commitment to participate in CDC's laboratory Response Network (LRN) proficiency testing program

☒ Commitment to participate in annual exercises and simulations that test public health system readiness and lab capacity to identify Category A list agents

D. Specimen Triage and Specimen Retention

☒ Protocols and procedures developed in collaboration with law enforcement and first responders to triage specimens/samples

☒ Specimen retention polices that meet the Select Agents Rule

E. Lab Security

☐ Lab security that is consistent, at a minimum, with guidelines set forth in Appendix F for the CDC-NIH publication Biosafety in Microbiological and Biomedical Laboratories, 4th Edition (BMBL)

☐ Lab personnel recruitment, retention, and hiring policies that comply with the PATRIOT Act of 2001 (18 USC section 175b as added by section 817; P.L. 107-56)

F. Equipment and Supplies

- ☒ Instrumentation to perform CDC-developed, real-time polymerase chain reaction (PCR) and time-resolved fluorescence (TRF) rapid assays
- ☒ Adequate inventories of equipment, reagents, and supplies needed to detect and identify agents typically seen in other infectious disease outbreaks, including foodborne and waterborne agents that could also be used in bioterrorism

44. Does the agency have a Laboratory Information management system (LIMS) that: (Check all that apply)

- ☒ Functions in the majority of laboratory testing areas within the public health lab?
- ☒ Enables public health programs to access LIMS data and perform ad hoc quires?
- ☐ Enables electronic reporting to public health programs and other clients consistent with guidelines on security and exchange of data outlined in the public health IT Functions and Specifications?
- ☐ Has Geographic Information Systems (GIS) capabilities consistent with guidelines provided in the Public Health (IT) functions and Specifications?
- ☒ Has operating characteristics of manual and online instrument data entry, searchable databases, and monitoring results for quality standards?
- ☒ Adheres to National Electronic Disease Surveillance System (NEDSS) standards?
- ☐ The lab does not have LIMS

Focus Area E: Health Alert Network/Communications & Information Technology

45. What percent of the state population lives within local agency jurisdictions that participate in the Health Alert Network (HAN)?

Calculation Instructions
Numerator = population residing in jurisdictions that participate in the HAN Denominator = state population

- ☐ Less than 50%
- ☐ 50 to 74%
- ☒ 75 to 90%
- ☐ Greater than 90%

46. Which capacities does the agency's health alert system have? (Check all that apply)

- ☒ Operates 24 hours per day/7 days per week
- ☒ Can send health alerts within one hour of their final approval
- ☒ Can receive health alerts within one hour of the time they were sent
- ☒ Is tested at least once every three months
- ☐ The agency does not have a health alert system

47. Which protocols does the agency have to determine message priorities? (Check all that apply)

- ☒ Establishing levels of message urgency (e.g., alert, advisory, routine)
- ☒ Ensuring agency approval and endorsement of message content
- ☒ Authorization to send urgent messages
- ☐ Determining need for message to be acknowledged by recipient
- ☐ Selecting messaging technologies based on need and likelihood that message will be acknowledged (i.e., whether message should be sent to intended recipients by fax, e-mail, pager, cell phone, or all available means, etc.)

48. Which communications technologies does the agency have? (Check all that apply)

- ☒ E-mail accessed through dial-up modem
- ☒ E-mail accessed through "always-on digital subscriber line (DSL), TI, or T3 line
- ☒ Fax machine
- ☒ Fax, using computer fax server for simultaneous broadcast fax (e.g., CityWatch Messaging System)

- ☐ Computer generated fax capability using e-mail application (e.g., Microsoft Outlook)
- ☐ Personal digital assistant (e.g., Blackberry)
- ☐ Broadcast recorded voice messaging (e.g., telephony, "Reverse 911")
- ☒ Conference phone
- ☒ Conference phone bridge
- ☒ Cell phone
- ☒ Satellite phone
- ☐ Digital pager (numeric only)
- ☐ One-way alpha-numeric pager
- ☐ Two-way alpha-numeric pager
- ☒ Two-way radios
- ☒ High-frequency radios
- ☐ Translation service (e.g., telephone company translation service)

49. For each type of communications equipment the agency had, under what conditions does the agency provide training? (Check all that apply)

- ☐ When the equipment is fist issued to an employee
- ☒ For any employee who wants to become more proficient or who is recommended for training by his supervisor
- ☐ Periodic refresher training
- ☒ The agency does not provide training on each type of communications equipment

50. Which types of Information Technology (IT) expertise does the agency employ or have access to? (Check all that apply)

- ☒ Data entry
- ☒ Geographic Information Systems (GIS)
- ☒ Network management, including communications and messaging expertise
- ☒ Server application management
- ☒ Database management, including patient care management systems
- ☒ IT disaster and IT disaster recovery planning
- ☒ Programming, including database programming
- ☒ Website development
- ☒ Website management (i.e., web master)
- ☒ IT security
- ☐ Standards data vocabularies
- ☐ Data modeling
- ☐ IT internal customer support (i.e., network support)

51. For each of the following functions indicate to what extent your agency's information technology supports the function consistent with the Public Heath Information Technology (IT) functions and Specifications:

Function	IT supports the function, but not consistent with IT specs	IT supports the function, but not consistent with IT specs
Automated exchange of data between public health partners (agency end of connection)	☐	☒
Use of electronic clinical data for event detection	☐	☒
Manual data entry for event detection and management	☒	☐
Specimen and lab result information management and exchange (agency end of connection)	☐	☒
Management of possible case contacts and threat data (agency end of connection)	☐	☒
Analysis and visualization of data	☐	☒
Directories of contact information	☐	☒
Public health information dissemination and alerting	☐	☒
IT security and critical infrastructure protection	☒	☐

52. To what extent have your agency's programs transitioned to electronic data and messaging systems?

☐ **No** programs have transitioned
☒ **Some** programs have transitioned
☐ **Most** programs have transitioned
☐ **All** programs have transitioned

53. Which has the agency accomplished? (Check all that apply)

☒ Determined with which partners the agency needs a secure electronic link
☐ Negotiated a timeline with identified partners to build an electronic link constructed consistent with the Public Health (IT) Functions and Specifications

54. How many of the following partners are connected to the agency with a secure electronic link, constructed consistent with the (IT) Functions and Specifications, to enable exchange of confidential information and data? (Check N/A [not applicable], if the entity does not exist/is not a potential emergency response partner)

	None	Some	Most	All	N/A :does not exist/is not a potential response partner
Local public health agencies	☐	☒	☐	☐	☐
Hospitals (hospital labs)	☒	☐	☐	☐	☐
(Non-hospital) Level A labs	☒	☐	☐	☐	☐
Level B/C labs	☒	☐	☐	☐	☐
Sentinel health care providers	☒	☐	☐	☐	☐

55. Which activates does the agency assign to one or more individuals? (Check all that apply)

☒ Develop a directory of contact information for public health agency personnel
☒ Develop a directory of contact information for all partners to whom the agency sends health alerts
☒ Maintain a directory of contact information for public health agency personnel by updating information at least monthly
☒ Maintains a directory of contact information of all partners to whom it sends health alerts by updating information at least monthly
☐ Distributes copies of directories to authorized public health agency staff and emergency response partners at least annually

56. Does the agency have a public website for information that: (Check all that apply)

☒ Can be updated at least once per day, 7 days per week, during and emergency?
☒ Contains information on potential, suspected, or confirmed hazards?
☒ Contains information on associated risks?
☒ Addresses rumors and hoaxes?
☐ Has restricted areas with access permitted only to authenticated users?
☒ Can be comprehended at an eight grade reading level?
☒ Includes a mechanism to contact agency staff for additional information?
☐ The agency does not have a website for public information

57. Does the agency ensure that its electronic security systems are validated and verified by persons not associated with the agency (i.e., independent validation and verification)?

☒ Yes
☐ No

Focus Area F: Risk Communication and Health Information Dissemination

58. Which are addressed in the agency's emergency response/crisis communication plan? (Check all that apply)

A. Messenger
- ☒ An agency staff member and at least one alternate assigned the role and responsibilities for Public Information Officer (PIO)
- ☐ Lines of authority and responsibilities for the public information team
- ☐ Work and relief scheduling for public information team to maintain 24 hour per day operations (2-3 work shifts per day) for at least several days
- ☐ Identification of persons to act as spokespersons on public health issues during an emergency for multiple audiences and formats (spokespersons representing different ethnic groups, media spokespersons, community meetings speakers, etc.)

B. Command and Control
- ☐ Verification (accuracy/appropriateness) and clearance/approval procedures for information that will be released to response partners, media, and public
- ☒ Coordination with public information officials from partner organizations to ensure message consistency
- ☐ Liaison between agency and Emergency Operations Center (EOC)
- ☒ Briefings with agency director, EOC command, and higher headquarters to update and advise on information intended for release, incident-specific policy, science, and situation

C. *Creating "Go-Kits" to enable rapid, mobile response by public information officers that include:*
- ☒ Laptop computer capable of connecting to Internet/e-mail
- ☐ CD-ROM with elements of crisis communication plan (emergency contact information, pre-prepared materials, manuals, background information, medical management information, etc.)
- ☐ Portable printer
- ☐ Cell phone or satellite phone, pager, wireless e-mail

D. Media Information
- ☐ Triage of media requests and inquires
- ☒ Response to media requests (e.g., daily press conferences, website updates)
- ☐ Locations, equipment, and supplies for press conference
- ☒ Production of media advisories, press releases, fact-sheet, b-roll
- ☒ Monitoring media through environmental and trend analysis (e.g., clipping service, monitoring new coverage) to determine messages

needed, misinformation to be corrected, media concerns, and media interest during crisis

E. Direct Public Information
- ☐ Assessing the existing telephone capacity to determine the need for additional lines during an emergency
- ☒ Response to public who request information directly from the agency by telephone (e.g., hotline), in writing, or by e-mail
- ☐ Timeliness and accuracy of public website information
- ☐ Public advertising of agency contact information
- ☐ Monitoring public through environmental and trend analysis to determine message needed, misinformation to be corrected, public concerns, and public interest during crisis

F. Partner/Stakeholder Information
- ☐ Response to requests and inquiries from partners, legislators and special interest groups
- ☐ Regular partner briefings and updates
- ☒ Logging calls from legislators and special interest groups
- ☐ Monitoring partners through environmental and trend analysis to determine messages needed, misinformation to be corrected, partner concerns, and partner interest during crisis

G. Content and Material
- ☒ Translation of EOC situation reports, health alerts, and meeting notes into information appropriate for partners
- ☒ Translation of scientific information into layman's terms and multiple languages
- ☐ Identification of subject matter experts who can effectively "validate" public messages and assist in the creation of situation-specific fact-sheets and responses to Frequently-Asked-Questions (FAQs)
- ☒ The agency does not have an emergency response/crisis communication plan

59. A directory of emergency contact information for local/regional media contacts (including after-hours news desks) and PIOs from partner organizations must be current, accurate, available, and accessible 24 hours per day/7 days per week. In addition to paper directories, the agency is expected to construct electronic directories consistent with the Public Health Information Technology (IT) functions and Specification. What is the present status of the agency's directory of emergency contact information for media personnel and partner PIOs? (Check all that apply)
- ☒ Paper form **only**
- ☐ Electronic directories **not consistent** with the (IT) Functions and Specifications

☐ Electronic directories **consistent** with the (IT) Functions and Specifications
☐ The agency does ont have a directory of emergency contact information for media personnel and partners PIOs

60. Does the agency: (Check all that apply)
☐ Periodically assess the risk/crisis communication and media relations training needs of its own staff?
☒ Participate with community organizations/agencies to assess the risk/crisis communication and media relations training needs of public health partners?

61. Which topics are included in the agency's training needs assessment? (Check all that apply)
☐ Risk communication
☐ Crisis Communication
☐ Preparing oral and written communication tailored to each type of media (e.g., newspaper, radio, television)
☐ Preparing oral and written communication tailored to each state's majority and minority cultures
☐ Preparing communication materials tailored to hearing and sight impaired persons
☐ Preparing and distributing a news release
☐ Developing communications objectives for media appearances/publication
☒ The agency does not have a training needs assessment

62. Which information dissemination vehicles does the agency use? (Check all that apply)
☒ Media channels (e.g., print, TV, radio)
☒ Website
☒ Phone banks
☒ Town hall meetings
☒ Listserve e-mail
☐ Broadcast fax
☒ Letters by mail
☐ Newsletters
☐ Submission to partner newsletters
☒ Regular or special partner conference calls
☐ Door-to-door canvassing
☐ Public utility bill messages or inserts
☐ Government access channels (e.g., cable television)
☐ Mass distribution through partners (e.g., churches, retailers, restaurants)
☐ "Reverse 911" messaging

63. Which personnel does the agency have (or have access to) for developing informational materials that can be used in emergencies? (Check all that apply)

- [x] Public affairs specialist
- [x] Health communications specialist
- [x] Health education specialist
- [ ] Crisis communication specialist
- [ ] Training specialist
- [ ] Writer/editor
- [ ] Audio-visual specialist
- [ ] Graphics illustrator/artist
- [ ] Language translator
- [ ] Commercial printers

64. Which topic-specific material has the agency developed or obtained before they are needed in a crisis? (Check all that apply)

- [x] Topic fact-sheet (e.g., description of disease, public health threat, treatment information, etc.)
- [ ] Public FAQs
- [ ] Partner FAQs
- [x] Fact-sheet on the topic as it relates to your agency (e.g., roles, responsibilities, and resources)
- [ ] Resource fact-sheet for media/public/partners to obtain additional information
- [x] Web links to information on the topic
- [ ] Recommendations of affected persons
- [ ] Background beta video (b-roll) for media use on the topic
- [ ] Telephone scripts in multiple languages
- [x] Press releases/newspaper articles
- [x] Training videos
- [x] Computer projected presentations (e.g., Microsoft Powerpoint)

65. Has the agency engaged special populations (e.g., elderly, migrant, tribal, border, institutionalized, etc.) to identify trusted and accepted communication vehicles?

- [ ] Yes
- [x] No

66. Does the agency have a policy to routinely route all media calls to the public information officer?

- [ ] Yes
- [x] No

67. How does the agency evaluate its emergency response/crisis communication plan? (Check all that apply)

- ☒ Uses emergency preparedness drills and exercises to test its emergency response/crisis communication plan
- ☒ Conducts at least one debriefing with its public information staff after exercises, drills, hoaxes, and real events to discuss lessons learned
- ☒ Revises its emergency response/crisis communication plan based on lessons learned during exercises, drills, hoaxes, and real events
- ☐ The agency does not have an emergency response/crisis communication plan

Focus Area G: Education and Training

68. Does the agency conduct an internal training needs assessment to identify gaps in employee knowledge, skills, and abilities?
    - ☐ Yes
    - ☒ No

69. On which topics does the agency provide training (or collaborate to provide training) to infectious disease specialists, infection control practitioners, emergency department physicians, emergency department nurses, and other health care providers? (Check all that apply)
    - ☒ Infections/syndromes related to the critical agents lists
    - ☒ Epidemiology
    - ☒ Surveillance, including syndromic surveillance
    - ☒ Disease reporting requirements in your state
    - ☐ How the public health system works in your state
    - ☐ Incident Command System/Unified Command (ICS/UC)
    - ☐ The agency does not collaborate with relevant partners to provide training to these practitioners

70. With which partners does the agency have formal agreements to provide training to agency staff and other public health partners? (Check all that apply)
    - ☒ Schools of public health
    - ☐ Schools of medicine
    - ☐ Schools of nursing
    - ☐ Schools of veterinary medicine
    - ☒ Centers for Public Health Preparedness
    - ☒ Other academic institutions
    - ☒ Other health care organizations
    - ☐ Other health care providers
    - ☒ Public safety/first responders
    - ☐ Medical examiners

71. Which does the agency provide? (Check all that apply)
    - ☒ Someone to coordinate workforce/staff development
    - ☒ Someone to coordinate distance learning opportunities
    - ☒ Someone to facilitate distance learning activities (e.g., on-site moderator, technical expert)
    - ☐ Access to distance learning for its employees
    - ☐ Access to online learning resources for its employees (e.g., hardware, software, course fees)
    - ☒ Access to in-person, live-speaker instructions for its employees, where appropriate

72. Which distance learning technologies does the agency use? (Check all that apply)
- ☒ Internet-based videoconferencing
- ☒ Video streaming
- ☐ Satellite Video/Audio/Data broadcast uplink capability
- ☒ Satellite Video/Audio/data broadcast downlink capability
- ☒ Internet-delivered courses
- ☒ CD-ROM
- ☒ Audio conferencing

73. How many of your local public health agencies have (or have access to) satellite downlink capabilities?
- ☐ None
- ☐ Some
- ☒ Most
- ☐ All

74. To familiarize workers with various emergency response roles, which opportunities does the agency provide? (Check all that apply)
- ☐ Joint training amount its own staff
- ☒ Joint training between its staff and other community response personnel
- ☐ The agency provides other opportunities

75. Do agency staff participate in exercises and training with local public health agencies and other response organizations (e.g., Metropolitan Medical Response [MMRS]) using Incident Command System/Unified Command (ICS/US)?
- ☐ Yes
- ☒ No

76. How does the agency evaluate training? (Check all that apply)
- ☐ Evaluates organizational emergency response competency through drills, simulations, and events
- ☐ Evaluates individual emergency response competence through drills, simulations, and events
- ☐ Evaluates effectiveness of training through drills, simulations, and events
- ☐ Revises training based on the results of the evaluation
- ☐ Incorporates lessons learned from emergency response drills, simulations, and events

77. Does the agency have written job descriptions that define knowledge, skills, and abilities needed for emergency roles and responsibilities?
- ☐ Yes
- ☒ No

Appendix A

National Pharmaceutical Stockpile Preparedness Checklist

(To complete checklist, use instructions from capacity Inventory, Focus Area A, Part III)

Evaluation Categories
(keyed to chapters in Version #9 of the NPS Planning Guide)

State/Local NPS Management Structure (Chapter 4 Command & Control: Chapter 5-Requestion the NPS: and Chapter 6-Management of NPS Operations)
NPS Logistics (Chapter 7-Receiving, Storing & Staging and Chapter 8-Controlling Inventory)
Repackaging (chapter 9-Manaaging Oral Drugs Supplies for Prophylaxis
Distributions (Chapter 10-Distribution)
Dispensing (Chapter 11-Dispensing)
Treatment Center Coordination (Chapter 12-Treatment)
Communication and Security (Chapter 13-Communications and Chapter 14-Security)
Training, Exercising, and Evaluation (Chapter 15 – Prepare, Train, Exercise, & Evaluate)
Confirmations that Translate Plans into Preparation (integrated throughout)

Status Key

- **Not in progress yet,** but part of a designated role (red)
- **In-progress,** but not yet completely in place (or confirmed) (amber)
- **Completely in place** (and confirmed) (green)
- **Not applicable** or not a part of a designated role

State/Local NPS Management Infrastructure
41 Activities
(Critical Component)

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Key decision makers understand that NPS preparedness requires a contingent organization of 1,000 or more persons for the MMRS city (or for each high-risk municipality/locality in the state).	☐	☐	☒	☐
• Key state-local decision makers understand that NPS preparedness also requires a capacity to cover all non high-risk cities and regions that do not require their own NPS infrastructure.	☐	☐	☒	☐

• Financing in adequate to support all facets of NPS preparedness.	☐	☒	☐	☐
• An adequate "core management" staff to work full time on NPS preparedness.	☐	☒	☐	☐
• A person designated to be the Overall Manager of NPS preparedness.	☐	☐	☒	☐
• A person designated to lead the "Command & Control" function.	☐	☐	☒	☐
• A person (with backup) designated to request the NPS.	☐	☐	☒	☐
• A person designated to lead the "Management of NPS Operations" functions.	☐	☒	☐	☐
• A person designated to lead the "Receiving, Storing, & Staging" function.	☐	☒	☐	☐
• A person designated to lead the "Repackaging" back-up function.	☐	☒	☐	☐
• A person designated to lead the "Distribution" function.	☐	☒	☐	☐
• A person designated to lead the "Dispensing" function.	☐	☒	☐	☐
• A person designated to lead the "Treatment Center Coordination" function.	☐	☒	☐	☐
• A person designated to lead the "Communications" function.	☐	☒	☐	☐
• A person designated to lead the "Security" function.	☐	☐	☒	☐
• A person designated to lead "Training" activities.	☐	☒	☐	☐
• A person designated to lead "Exercises" activities.	☐	☐	☒	☐
• A person designated to lead "Evaluation" activities.	☐	☐	☒	☐
• A person designated to address human resource issues for the NPS preparedness organization.	☐	☐	☒	☐
• All core staff and function leads are tethered by pagers and cell phones.	☐	☒	☐	☐
• All core staff and function leads are trained to perform their assigned duties.	☐	☒	☐	☐
• All core staff and function leads have coordinated planning efforts across activities.	☐	☐	☒	☐
• Had redundancy for any function lead that is deployed National Guard.	☐	☐	☒	☐
• Collaboration of NPS preparedness by adjacent high-risk cities.	☐	☐	☐	☒
• Collaboration to carry out an NPS deployment to any low-risk area.	☐	☐	☒	☐
• National Guard assets arranged for NPS-related use in an affected area.	☐	☐	☒	☐
• State-level transportation assets arranged for NPS use or back-up use in an affected area.	☐	☐	☒	☐
• State-level law enforcement assets arranged for NPS use or back-up use in an affected area.	☐	☐	☒	☐

• NPS-related NOA with CDC is signed and forwarded.	☐	☒	☐	☐
• Any needed uses of Gubernational powers exercised for NPS preparedness.	☐	☐	☒	☐
• Official DEA registrants designated to be involved in receipt of the NPS.	☐	☐	☐	☐
• Persons designated to inform CDC of changes in NPS requesters & receivers.	☐	☐	☒	☐
• NPS liaisons to the overall key members of overall C & C.	☐	☐	☒	☐
• Contact list ready for all key members of overall C & C.	☐	☐	☒	☐
• Process determined for interaction between S/L NPS Team, TARU, and C & C.	☐	☐	☒	☐
• The process and means for problem solving is thought through and described.	☐	☐	☒	☐
• Responsibility and process determined for release of public information.	☐	☒	☐	☐
• Members of the NPS Operations Management (OM) Team are designated.	☐	☒	☐	☐
• How the OM team function & interacts with the TARU and C & C in described.	☐	☐	☒	☐
• Have arranged prophylaxis for all function team members & immediate family.	☐	☒	☐	☐
• Have arranged credentials for all function team members.	☐	☒	☐	☐
Summary Levels of Progress (column totals = 41)				

NPS Logistics
14 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Members are designated for the RSS team (NPS Receiving, staging, and Storage).	☐	☒	☐	☐
• RSS team members are designated to meet the NPS and assist with IV med allocations.	☐	☐	☒	☐
• Members are designated for the Controlling Inventory team.	☐	☒	☐	☐
• Members of the RSS and Control Inventory teams are tethered, at least by pagers and by redundant means of communication.	☐	☒	☐	☐
• Members of the RSS and Control Inventory teams have had orientation and training.	☐	☒	☐	☐
• An airport is designated for NPS delivery by air.	☐	☐	☒	☐
• One or more sires are designated for initial NPS delivery by ground transport.	☐	☐	☒	☐
• Facility(ies) designated for staging that meet Version #9 specifications.	☐	☐	☒	☐
• Facility(ies) designated for storage that meet Version #9 specifications.	☐	☐	☒	☐
• A system is developed and tested that will monitor and track NPS stock materiel.	☐	☒	☐	☐
• Security is arranged to protect the possible air and ground delivery sites.	☐	☐	☒	☐
• Security is arranged to protect the staging site.	☐	☐	☒	☐
• Security is arranged to protect the storage site(s).	☐	☐	☒	☐
• Security from a law enforcement agency is arranged to coordinate with the U.S. Marshals with the CDC TARU.	☐	☐	☒	☐
Summary Levels of Progress (column totals = 14)				

Repackaging
7 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Members are designated for a repackaging team, and are on call.	☐	☒	☐	☐
• An appropriate number of pharmacists agrees to oversee repackaging and is on call.	☐	☒	☐	☐
• Repackaging team members & pharmacists are part of a workable call-down system.	☐	☒	☐	☐
• Repackaging team members are oriented to their roles and requirements.	☐	☒	☐	☐
• Repackaging team members trained to practice the skills they would need.	☐	☒	☐	☐
• A repackaging site is designated, if the process is required.	☐	☐	☒	☐
• Security is arranged to protect the repackaging site.	☐	☐	☒	☐
Summary Levels of Progress (column totals = 7)				

Distribution
15 Activities
(Critical Component)

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• A private or public entity has agreed to carry out the NPS distributions function.	☐	☐	☒	☐
• A redundant distribution capability is identified (especially if deployable National Guard personnel and vehicles are the entity slated to provide primary transport).	☐	☒	☐	☐
• The S/L NPS Team has a reliable single point of 24/7 contact to alert the entity.	☐	☐	☒	☐
• The entity uses tethers or a call-down system ensuring all drivers can muster at once.	☐	☐	☒	☐
• The entity has 24/7 arrangements for fuel, repair, and recovery services.	☐	☐	☒	☐
• The entity has means for its drivers to purchase fuel from commercial sources.	☐	☐	☒	☐
• Drivers have credentials that will allow access to all sites without interference.	☐	☒	☐	☐
• Identity markings for entity vehicles is arranged for use to facilitate site access.	☐	☒	☐	☐
• Drivers will be outfitted with communication devices to allow dispatch.	☐	☐	☒	☐
• Security is arranged to protect entity vehicles to and from delivery points.	☐	☐	☒	☐
• Police have agreed to escort distribution vehicles from staging to delivery points.	☐	☐	☒	☐
• Transportation experts have cited the best delivery routes and any detouring deeded, including coordination with established routed for other plans, such as for evacuation.	☐	☒	☐	☐
• Drivers have been oriented about their assigned delivery sites and the routes to take.	☐	☐	☒	☐
• Delivery to treatment centers have gotten controlled substance protocols & orientation.	☐	☒	☐	☐
• Drivers have gotten orientation to NPS invoicing and other record keeping SOP's.	☐	☒	☐	☐
Summary Levels of Progress (column totals = 15)				

Dispensing
33 Activities
(Critical Component)

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Dispensing sites are selected.	☐	☒	☐	☐
• Sites selected underwent a careful assessment using criteria from Version #9.	☐	☐	☐	☒
• A decision has been made about providing prophylactic medication to first responders.	☐	☐	☐	☒
• Has selected sires that are accessible including for the homeless and similar groups.	☐	☐	☐	☒
• Decision made about letting adults pick up prophylaxis for other household members.	☐	☐	☐	☒
• Decision make on dispensing agency, prescriber name, & 24/7-hour # for drug labels.	☐	☐	☐	☒
• Decision made on how many days of prophylaxis will be initially dispensed.	☐	☐	☐	☒
• Has a source of tables, chairs, partitions, baby scales, etc., to equip dispensing sites with an ability to deliver what is needed and put it in place on very short notice.	☐	☐	☐	☒
• An Overall manager is identified to lead the team at each dispensing site.	☐	☐	☐	☒
• Assistant managers are identified to lead shifts at each dispensing site.	☐	☐	☐	☒
• Has staff and process to ensure citizens provide medical history and demographics.	☐	☐	☐	☒
• Has staff and a process to ensure symptomatic citizens get prompt referral for Dx/Tx.	☐	☐	☐	☒
• Has staff and a process to ensure infants receive a proper prophylactic regimen.	☐	☐	☐	☒
• Has staff and a process to ensure sire inventory monitoring and timely NPS re-supply.	☐	☐	☐	☒
• Has staff and a process to ensure workers are continually supplied and functional.	☐	☐	☐	☒
• Has staff to process citizens who want to pick up prophylaxis for persons left at home.	☐	☐	☐	☒
• Has staff to efficiently dispense prophylaxis and facilitate patient tracking.	☐	☐	☐	☒

• Enough persons are recruited to fill the carious roles and shifts at each dispensing site.	☐	☐	☐	☒
• The staff of the dispensing sires has received orientation and training for their roles.	☐	☐	☐	☒
• If the pharmacy laws prevent lay dispensing, have either gotten a waiver applicable in the BT event, or recruited enough pharmacists/pharmacy techs to meet all dispensing needs.	☐	☐	☐	☒
• Has commitments form interpreters to assist at dispensing sites in ethnic areas.	☐	☐	☐	☒
• Has a staff member ensure that each sire has patient information sheets & drug labels.	☐	☐	☐	☒
• If the area has undocumented aliens, has a plan to bring them into dispensing sites.	☐	☐	☐	☒
• Has a workable plan to extend dispensing to institutionalized and shut-in persons.	☐	☐	☐	☒
• Has an outreach plan for making homeless & similar groups aware of dispensing sites.	☐	☐	☐	☒
• Has a communication campaign planned to tell people where to go for prophylaxis.	☐	☐	☐	☒
• Has a communication campaign planned to encourage strict drug-taking adherence.	☐	☐	☐	☒
• Has a communication campaign planned to educate people on the different drugs used.	☐	☐	☐	☒
• Security is arranged to protect the staff at each dispensing site.	☐	☐	☐	☒
• Crowd control services are arranged to help maintain order at each dispensing site.	☐	☐	☐	☒
• Transportation is arranged for symptomatic persons who present to dispensing sires to be transported to a treatment center.	☐	☐	☐	☒
• Has arranged for mental health professionals to be assigned to dispensing sites.	☐	☐	☐	☒
• Has arranged shuttle service to reach dispensing sires, if necessary for transportation needy population groups.	☐	☐	☐	☒
Summary Levels of Progress (column totals = 33)				

Coordination with Treatment Centers
7 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has identified area treatment centers most likely to care for symptomatic casualties.	☐	☐	☐	☒
• Has identified alternate treatment facilities to care for symptomatic casualties.	☐	☐	☐	☒
• Each treatment center has a system to allow prompt ongoing reporting of the number of diagnosed and suspect cases to the local ICC in a bioterrorism event.	☐	☐	☐	☒
• Is tracking the progress of reporting systems at treatment centers that not currently able to promptly report the ongoing numbers of diagnosed and suspect cases to the local ICC in a bioterrorism event.	☐	☐	☐	☒
• Has epidemiologists identified who, in case of need, could go to treatment centers that have inefficient reporting systems to report the numbers of diagnosed and suspect cases to the local ICC in a bioterrorism event.	☐	☐	☐	☒
• Has communication devices that could be employed to ensure prompt reporting of case numbers from treatment centers in a bioterrorism event.	☐	☐	☐	☒
• Has identified a coordinator at each treatments center with whom to communicate.	☐	☐	☐	☒
Summary Levels of Progress (column totals = 7				

Communication/Security
5 Activities
(Both cross-cutting functions are integrated except for:)

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has a back-up communication method for the C & C, OM, and Distributions teams.	☐	☐	☒	☐
• Maintains a complete list of all persons with whom communication will be needed.	☐	☐	☒	☐
• Confirmed radio frequencies/other communications means with the All Hazards Plan.	☐	☐	☒	☐
• Has made back-up arrangements for security for all sites and functions where needed.	☐	☐	☒	☐
• Has undertaken a risk assessment and taken steps to strengthen security/reduce risks.	☒	☐	☐	☐
Summary Levels of Progress (column totals = 5)				

Training, Exercising, & Evaluating
2 Activities
(Training is an integrated cross-cutting function)

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Exercises are planned and carried out to meet specific NPS preparedness objectives.	☐	☒	☐	☐
• Exercise evaluation is tightly planned to see if NPS preparedness objectives were met.	☐	☒	☐	☐
Summary Levels of Progress (column totals = 2)				

Appendix B

Smallpox Vaccination Preparedness Checklist

(To complete checklist, use instructions from capacity Inventory, Focus Area A, Part III)

Status Key

- **Not in progress yet,** but part of a designated role (red)
- **In-progress,** but not yet completely in place (or confirmed) (amber)
- **Completely in place** (and confirmed) (green)
- **Not applicable** or not a part of a designated role

Policy/Planning Issues:
6 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has decided to receive vaccine at the state level or have it sent to addresses that can use/distribute shipments > 10,000 doses.	☐	☐	☒	☐
• Has developed a clinic-level vaccine reconstitution and storage plan.	☐	☐	☒	☐
• Has decided on transfer needle distribution consistent with reconstitution needs.	☐	☐	☒	☐
• Has an after-event policy to handle those with contraindication/refusal to receive vaccine.	☐	☐	☒	☐
• If the area has undocumented aliens, has a plan to bring them into SP vaccination sites.	☒	☐	☐	☐
• Has a workable plan to extend SP vaccination to institutionalized and shut-in persons and those in short-and long-term correctional facilities.	☐	☒	☐	☐
Summary Levels of Progress (column totals = 6				

Staffing Issues:
5 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has security for distribution vehicles moving SP vaccine from depots to vaccination sites.	☐	☐	☒	☐
• Has identified personnel to be oriented/trained and available to administer SP vaccine.	☐	☐	☒	☐
• Has provided orientation/training to personnel identified to administer SP vaccine.	☐	☐	☒	☐
• Has identified personnel to carry out all non vaccine-administration functions at each site.	☐	☒	☐	☐
• Has provided training to those who will carry out all non vaccine-administration functions.	☐	☐	☒	☐
Summary Levels of Progress (column totals = 5)				

Vaccinia Immune Globulin (VIG) Management:
3 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has identified a central VIG storage and distribution site.	☐	☐	☒	☐
• Has a 24/7 VIG consultation team for release and distribution of VIG to treating physicians.	☒	☐	☐	☐
• Has a 24/7 phone number to the VIG distribution site for physicians caring for patients with adverse events.	☒	☐	☐	☐
Summary Levels of Progress (column totals = 3)				

Smallpox Vaccination Sites:
18 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has identified the sites to carry out smallpox vaccinations.	☐	☐	☒	☐
• Has access to, or demand contracts for, non-latex gloves, 2x2 gauze pads, tape (or sir-permeable band-aids), sip-lock baggies, sharps containers, medical waste bags, and electronic thermometers and disposable covers.	☐	☒	☐	☐
• Each vaccination site had or can be sent wound-management materials for vaccines.	☐	☒	☐	☐
• Each vaccination site has or can get a supply of wound-management instructions.	☐	☐	☒	☐
• Each vaccination site has adequate refrigeration (2-8°C or 35-46°F), or can get it.	☐	☐	☒	☐
• Each vaccination site has adequate space to provide intake screening and triage.	☐	☒	☐	☐
• Each vaccination site has adequate space to conduct the informed consent process, including the viewing of a video and a place to fill out a screening and record form.	☐	☒	☐	☐
• Each vaccination site had playback equipment to allow persons to view the information/consent process video.	☐	☒	☐	☐
• Each vaccination site had adequate space for a vaccine administration area.	☐	☒	☐	☐
• Each vaccination site has enough space for counseling those with vaccine contraindications.	☐	☒	☐	☐
• Each vaccination site has or can get a supply of materials in appropriate languages for the community populations served to provide informed consent to potential vaccines.	☐	☒	☐	☐
• Each vaccination site has or can get a supply of the vaccination information booklets with patient identification and screening forms, an SP vaccination information sheet, a handout on vaccination site care, and a handout on adverse events and whom to contact in case of adverse events.	☐	☐	☒	☐
• Each vaccination site has or can get a supply of	☐	☐	☒	☐

information sheets on vaccination options for persons with contraindications.				
• Has identified personnel for each site to screen persons for contraindications to SP Vax.	☐	☐	☒	☐
• Each vaccination site has a backup & emergency 2-way communication with a vaccine depot.	☐	☐	☐	☐
• Has a plan and identified sites for vaccinating public health personnel, extended SP response teams, first responders, health care and lab personnel caring for SP patients, and other personnel required to maintain essential community and response services during an SP outbreak.	☐	☐	☒	☐
• Security is arranged to protect the staff at each vaccination site.	☐	☒	☐	☐
• Crowd control services are arranged to help maintain order at each vaccination site.	☐	☒	☐	☐
Summary totals of Progress (column totals = 18)				

Isolation and Quarantine:
3 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has a policy for the isolation of persons infected with SP and identified sites to carry it out.	☐	☒	☐	☐
• Has identified procedures for the quarantine of unvaccinated persons at high risk for SP.	☐	☐	☒	☐
• Each vaccination site had information about, guidelines on, and means to register and track the isolation of SP-infected persons and the quarantine of unvaccinated high-risk individuals.	☐	☐	☒	☐
Summary Levels of Progress (column totals = 3)				

Public Communications:
1 Activity

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has a communication campaign planned to inform people who should be vaccinated and to tell them where they should go for smallpox vaccination.	☐	☐	☒	☐
Summary Levels of Progress (column totals = 1)				